## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



County of Inyo Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

who is filing this claim as, or on behalf of, the _		of the property described	
herein, states:	(tribe or tribally designated housing, owner and/or entity)		
1. That as			
	(officer)		
2. of the			
	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemp			
	(give complete address)	ZIP	
	(		
5. That this claim for exemption is made for th	ne 20 20 fiscal year on the leased pr	operty described above.	
in section 50079.5 of the Health and Safety charged do not exceed the limits provided ir	or rental housing and related facilities for tenants w y Code or applicable federal, state, or local financ n section 50053 of the Health and Safety Code or a claimant affirming that the tenants' incomes and ren he income affidavit.	ial assistance agreements and the rent applicable federal, state, or local financia	
7. That the property is owned and operated by an owner operator owner/operator			
[ ] a federally recognized tribe (document	tation required for first time filers)		
[ ] a tribally designated housing entity (doo inure to the benefit of any private share	cumentation required for first time filers) which is no eholder.	onprofit and no part of those net earning	
8. That there is a deed restriction, agreemen occupied by or held for occupancy by qualif	nt, or other legally binding document requiring that fying low-income tenants.	at at least 30% of the housing units are	
	E-237, Housing — Lower-Income Households, is a 54 of the Revenue and Taxation Code for those trib Tribal Housing.		
FOR ASSESSOR'S USE ON		Whom should we contact during normal business hours for additional information?	
Received by	) NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	_ ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
	y under the laws of the State of California that the or documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

