EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tquenthart@mariposacounty.org

State of California, County of	tguenthart@mariposacounty.org Monday-Friday:8am-5pm
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described e or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	me of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claim	
(give complete ac	idress)
-	20 fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housin section 50079.5 of the Health and Safety Code or appeared do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined oplicable federal, state, or local financial assistance agreements and the rents 153 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an ow	ner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
[] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inc	egally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor renue and Taxation Code for those tribes or tribally designated housing entities ng.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, its, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

