## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

-	(name of person making claim)				
who is filing herein, sta	g this claim as, or on behalf of, the tes:	(tribe or tribally d	esignated housing, owner and/or entity,	of the property described	
1. That as					
			(officer)		
2. of the _					
			r tribally designated housing entity)		
3. the mail	ling address of which is	(give co	omplete mailing address)	ZIP	
4. the loca	ation of the property for which exemption i	s claimed is			
				ZIP	
	(give co	omplete address)			
5. That thi	s claim for exemption is made for the 20_	20	_ fiscal year on the leased	property described above.	
in sectio chargeo assistar	That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the ren charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financia assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.				
<ul> <li>7. That the property is owned and operated by an owner operator</li> <li>[] a federally recognized tribe (documentation required for first time filers)</li> </ul>				/ner/operator	
	ribally designated housing entity (documer ire to the benefit of any private shareholde		for first time filers) which is	nonprofit and no part of those net earning	
	at there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are cupied by or held for occupancy by qualifying low-income tenants.				
under th		he Revenue an		s also required to be filed with the Assesso tribes or tribally designated housing entitie	
	FOR ASSESSOR'S USE ONLY	_		e contact during normal business	
			hours fo	r additional information?	
Receive	d by(Assessor's designee)		NAME		
of	(county or city)		ADDRESS (street, city, state, zip code)		
on	(date)				
			DAYTIME PHONE NUMBER	EMAIL ADDRESS	
			( )		
		CERTI	FICATION		
	(or declare) under penalty of perjury under ding any accompanying statements or do				
SIGNATURE OI	F PERSON MAKING CLAIM		TITLE	DATE	
	THIS EXEMPTION CLAIM IS A F	PUBLIC RECO	RD AND IS SUBJECT TO	PUBLIC INSPECTION.	

