EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Claude Parrish

Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512

P.O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-3775 www.ocassessor.gov

(name of person making claim)			
who is filing this claim as, or on behalf of, the _ herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	former of hits - a hits all a single of her and 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	tion is claimed is		
	(give complete address)	ZIP	
5. That this claim for exemption is made for the	e 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 in	r rental housing and related facilities for tenants w Code or applicable federal, state, or local finance section 50053 of the Health and Safety Code or a aimant affirming that the tenants' incomes and ren be income affidavit.	ial assistance agreements and the rents 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	ation required for first time filers)		
[] a tribally designated housing entity (doc inure to the benefit of any private share	umentation required for first time filers) which is not holder.	onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement occupied by or held for occupancy by qualif	;, or other legally binding document requiring the ying low-income tenants.	at at least 30% of the housing units are	
	-237, Housing — Lower-Income Households, is a 4 of the Revenue and Taxation Code for those trib ribal Housing.		
FOR ASSESSOR'S USE ONI		Whom should we contact during normal business hours for additional information?	
	nours for c		
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
I certify (or declare) under penalty of periury	under the laws of the State of California that the	foregoing and all information hereon.	
	or documents, is true, correct and complete to th		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM	S A PUBLIC RECORD AND IS SUBJECT TO P	UBLIC INSPECTION.	

