EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 22000

State of California, County of	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	of the property described of the property described	
1. That as		
	(officer)	
2. of the	ribe 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 claimed i	S	
(give complete address	ZIP	
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.	
in section 50079.5 of the Health and Safety Code or application charged do not exceed the limits provided in section 50053 of the section 50053 of the Health and Safety Code or applications.	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. vit.	
7. That the property is owned and operated by an $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	operator owner/operator	
[] a federally recognized tribe (documentation required for	r first time filers)	
 a tribally designated housing entity (documentation requinure to the benefit of any private shareholder. 	ired for first time filers) which is nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income	y binding document requiring that at least 30% of the housing units are tenants.	
	 Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities 	
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(date)		
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.

