EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Greg Monteverde Acting Assessor

Exemptions Unit
West Tasman Campus
130 W Tasman Drive
San Jose, CA 95134
Ph: (408) 299-6460
exemptions@asr.sccgov.or

State of California, County of	exemptions@asr.sccgov.org www.sccassessor.org
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
3. the mailing address of which is	7IP
-	(give complete mailing address)
4. the location of the property for which exemption is claimed	is
	ZIP
(give complete addres	<u></u>
5. That this claim for exemption is made for the 20 20	
in section 50079.5 of the Health and Safety Code or applicharged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	r operator owner/operator
[] a federally recognized tribe (documentation required f	for first time filers)
 a tribally designated housing entity (documentation recinure to the benefit of any private shareholder. 	quired for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	ally 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 ue 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	_
(Assessur's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	_
(aud)	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
С	ERTIFICATION
l certify (or declare) under penalty of periury under the law	s of the State of California that the foregoing and all information hereon,
	is true, correct and complete to the best of my knowledge and belief.

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM