## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Kaenan Whitman Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

(name of person making claim)	;	
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity)	ribed
1. That as		
	(officer)	
2. of the		
(name of	f tribe or tribally designated housing entity)	
3. the mailing address of which is	ZIP	
	(give complete mailing address)	
4. the location of the property for which exemption is claimed i	is	
	ZIP	
(give complete address	is)	
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	g and related facilities for tenants who are persons of low income a cable federal, state, or local financial assistance agreements and of the Health and Safety Code or applicable federal, state, or loca g that the tenants' incomes and rents do not exceed those limits is avit.	l the rent al financia
7. That the property is owned and operated by an owner	operator owner/operator	
[ ] a federally recognized tribe (documentation required for	or first time filers)	
[ ] a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.	uired for first time filers) which is nonprofit and no part of those net	t earning
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income	Ily binding document requiring that at least 30% of the housing e tenants.	units are
	— Lower-Income Households, is also required to be filed with the ue and Taxation Code for those tribes or tribally designated housing	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal busine	ss
	hours for additional information?	
Received by		
(Assessor's designee)	NAME	
of		
of (county or city)	ADDRESS (street, city, state, zip code)	
ON(date)	-	
	DAYTIME PHONE NUMBER EMAIL ADDRESS	
	( )	
CE	ERTIFICATION	
	s of the State of California that the foregoing and all information h is true, correct and complete to the best of my knowledge and be	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	
THIS EXEMPTION CLAIM IS A PUBLIC RI	ECORD AND IS SUBJECT TO PUBLIC INSPECTION.	

