## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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



## 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

| State of California, County of   |   |
|--|---|
| (name of person making claim)  | <del>,</del>  |
| who is filing this claim as or on behalf of the  | of the property described or tribally designated housing, owner and/or entity)  |
| 1. That as   |   |
|  | (officer)   |
| 2. of the  |   |
| (nan   | ne of tribe or tribally designated housing entity)  |
| 3. the mailing address of which is   | ZIP   |
| 4. the location of the property for which exemption is claim   | ed is   |
|  |   |
| (give complete ac  | Idress)   |
| 5. That this claim for exemption is made for the 20  | 20 fiscal year on the leased property described above.  |
| <ol> <li>That at least 30% of the housing are used for rental housin section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500</li> </ol> | sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ning that the tenants' incomes and rents do not exceed those limits is attached. |
| 7. That the property is owned and operated by an ow  | ner operator owner/operator   |
| [ ] a federally recognized tribe (documentation require  | ed for first time filers)   |
| [ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.   | required for first time filers) which is nonprofit and no part of those net earnings  |
| <ol><li>That there is a deed restriction, agreement, or other le<br/>occupied by or held for occupancy by qualifying low-ince</li></ol>  | egally binding document requiring that at least 30% of the housing units are ome tenants.   |
|  | ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities bg.  |
| 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   |
|  | aws of the State of California that the foregoing and all information hereon, ts, 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.

