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)	,
who is filing this claim as, or on behalf of, the	of the property described y designated housing, owner and/or entity)
herein, states:	
1. That as	
_	(officer)
2. of the	and the Handa sing at additions from a stiff A
	or tribally designated housing entity)
3. the mailing address of which is	e complete mailing address)
4. the location of the property for which exemption is claimed is	
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	ficeal year on the leased property described above
· — —	
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financia at the tenants' incomes and rents do not exceed those limits is attached .
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which is nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income te 	pinding document requiring that at least 30% of the housing units are nants.
	.ower-Income Households, is also required to be filed with the Assesson 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
(IVAIVIE
Of(county or city)	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
(vaity)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERI	TIFICATION
	the State of California that the foregoing and all information hereon, rue, 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.

