EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496

State of California, County of		assessor@yolocounty.org
	(name of person making claim)	
who is filing this claim as, or on behalf of, the		(tribe or tribally designated housing, owner and/or entity) of the property described
1. That as		
		(officer)
2. of the _		(name of tribe or tribally designated housing entity)
3. the mai	ling address of which is	(give complete mailing address)
4. the loca	ation of the property for which exemption is	claimed is
		ZIP
	(give com	elete address)
5. That thi	is claim for exemption is made for the 20	20 fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.		
7. That the	e property is owned and operated by an	owner operator owner/operator
[] af	ederally recognized tribe (documentation re	quired for first time filers)
	ribally designated housing entity (documenta re to the benefit of any private shareholder.	ation required for first time filers) which is nonprofit and no part of those net earnings
	ere is a deed restriction, agreement, or othed by or held for occupancy by qualifying low	her legally binding document requiring that at least 30% of the housing units are ν -income tenants.
under tl		<i>lousing</i> — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities ousing.
	FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
		hours for additional information?
Receive	d by(Assessor's designee)	NAME
of	(county or city)	ADDRESS (street, city, state, zip code)
on	(date)	
		DAYTIME PHONE NUMBER EMAIL ADDRESS
		()
		CERTIFICATION
		the laws of the State of California that the foregoing and all information hereon, iments, is true, correct and complete to the best of my knowledge and belief.
	F PERSON MAKING CLAIM	TITLE DATE
SIGNATURE O	F FERSON MAKING CLAIM	DATE

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

