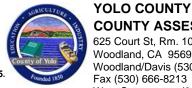
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695

Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

State of California, County of	assessor@yolocounty.org
(name of person making claim)	,
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	me of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is clain	
are recalled or the property for milest exemption to claim	
(give complete a	ddress)
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 a charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined oplicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached. Iffidavit.
7. That the property is owned and operated by an ov	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
8. That there is a deed restriction, agreement, or other I occupied by or held for occupancy by qualifying low-inc	egally binding document requiring that at least 30% of the housing units are come tenants.
	ing — Lower-Income Households, is also required to be filed with the Assessor venue and Taxation Code for those tribes or tribally designated housing entitiesing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Passing disc.	nours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, nts, 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.

