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

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



## **Robert Menvielle Imperial County Assessor**

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

State of California, County of	<u> </u>
(name of person making claim)	
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	tribe as tribally decirocated by using patity.
	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 claimed	ZIP
5. That this claim for exemption is made for the 20 20_	
in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as defined table federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial 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	or first time filers)
<ul> <li>a tribally designated housing entity (documentation requiner to the benefit of any private shareholder.</li> </ul>	uired 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 legal occupied by or held for occupancy by qualifying low-income</li> </ol>	ly binding document requiring that at least 30% of the housing units are tenants.
	<ul> <li>Lower-Income Households, is also required to be filed with the Assessor are and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours fo <mark>r</mark> additional information?
Received by(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
On(date)	-
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CERTIFICATION	
	s of the State of California that the foregoing and all information hereon, 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.

