EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Laura Avila **Kern County Assessor and Recorder**

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

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 of the property described
1. That as	
	(officer)
2. of the	
(name of tribe or tribally designated housing entity)	
3. the mailing address of which is	complete mailing address)
4. the location of the property for which exemption is claimed is	ZIP
5. That this 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 property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	rst time filers)
 a tribally designated housing entity (documentation requir inure to the benefit of any private shareholder. 	ed for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	oin <mark>din</mark> g document requiring that at least 30% of the housing units are nants.
	nower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Wh <mark>om shoul</mark> d 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	
On(date)	DAYTHE DIGNE NUMBER
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE