EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Shelly Scott Assessor-Recorder-County Clerk

County of Marin

CHANGE IN OWNERSHIP DIVISION P.O. Box C

San Rafael, CA 94913

State of California, County of	Fax: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov
(name of person making claim)	 ,
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	e of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claime	(give complete mailing address) ed is
(give complete add	ZIP
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 appropriate the limits provided in section 5005	ing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ling that the tenants' incomes and rents do not exceed those limits is attached. fidavit.
7. That the property is owned and operated by an own	ner operator owner/operator
[] a federally recognized tribe (documentation required	d for first time filers)
 a tribally designated housing entity (documentation r inure to the benefit of any private shareholder. 	equired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lead occupied by or held for occupancy by qualifying low-income.	gally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities g.
Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
on	
On(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, is, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

