EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of ____



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

(name of person making claim)	<u>,</u>
who is filing this claim as, or on behalf of, the	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 mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	Nis 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 appli charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rent of the Health and Safety Code or applicable federal, state, or local financia g that the tenants' incomes and rents do not exceed those limits is attached lavit.
7. That the property is owned and operated by an owned	r operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
[] a tribally designated housing entity (documentation re- inure to the benefit of any private shareholder.	quired for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	ally binding document requiring that at least 30% of the housing units are tenants.
	- Lower-Income Households, is also required to be filed with the Assesso ue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
ON	_
(040)	DAYTIME PHONE NUMBER EMAIL ADDRESS
C	
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
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.	

