EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



MERCED COUNTY MATT H. MAY, ASSESSOR

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MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us\assessor

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, theherein, states:	(tribe or 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	laimed is ete address) 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 charged do not exceed the limits provided in section	nousing and related facilities for tenants who are persons of low income as define rapplicable federal, state, or local financial assistance agreements and the ren 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached the affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation re	uired for first time filers)
 a tribally designated housing entity (documents inure to the benefit of any private shareholder 	tion required for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying lovers.	er legally binding document requiring that at least 30% of the housing units at least 30% of the housing units at least 30% of the housing units at
	Dusing — Lower-Income Households, is also required to be filed with the Assesse Revenue and Taxation Code for those tribes or tribally designated housing entities using.
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	
(,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, ments, 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.

