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

2222 M STREET 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, the	, of the property described
	(officer)
2. of the	e or tribally designated housing entity)
 3. the mailing address of which is	e complete mailing address) 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 are in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial lat the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner owner	operator owner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)
inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	ed for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are enants. Lower-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	Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
On(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	TIFICATION
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.

