## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

State of California, County of



## Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

(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	
(nam	e 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 claime	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 app charged do not exceed the limits provided in section 500	ing and related facilities for tenants who are persons of low income as define plicable federal, state, or local financial assistance agreements and the ren 53 of the Health and Safety Code or applicable federal, state, or local financi ling that the tenants' incomes and rents do not exceed those limits is attache 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)
	equired for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other least occupied by or held for occupancy by qualifying low-inco	gally bin <mark>ding document requiring that</mark> at least <mark>30</mark> % of the housing units a me tenants.
	g — Lower-Income Households, is also required to be filed with the Assess nue and Taxation Code for those tribes or tribally designated housing entitie g.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on.	
ON(date)	—
	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 DATE
THIS EXEMPTION CLAIM IS A PUBLIC	RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

