EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Rolf D. Kleinhans **Nevada County Assessor**

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858

| State of California, County of | assessor@nevadacountyca.gov |
|---|--|
| nordin, states. | or tribally designated housing, owner and/or entity) |
| 1. That as | |
| 0. (1) | (officer) |
| 2. of the | 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 claims | ed is ZIP |
| 5. That this claim for exemption is made for the 20 2 | 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 5005 | ing and related facilities for tenants who are persons of low income as defined blicable federal, state, or local financial assistance agreements and the rents 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) |
| inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other leads to the state of the shareholder. | equired for first time filers) which is nonprofit and no part of those net earnings gally binding document requiring that at least 30% of the housing units are |
| occupied by or held for occupancy by qualifying low-inco | |
| | eg — 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. |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business |
| Descrived by | hours fo <mark>r</mark> additional information? |
| Received by | NAME |
| of | ADDRESS (street, city, state, zip code) |
| (county or city) | |
| on | |
| (date) | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | () |
| | CERTIFICATION |
| | <u> </u> |
| | lws 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.

