EF-237-R03-0208-34000355-1 BOE-237 REV. 03 (02-08)

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

## **CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720

State of California, County of	FAX (916) 854-9181 https://assessor.saccounty.gov
(name of person making claim)	<del></del> ,
	of the property described
who is filing this claim as, or on behalf of, the	of the property described of the property de
1. That as	
	(officer)
2. of the	
(name of trib	e or tribally designated housing entity)
3. the mailing address of which is	e complete mailing address)
4. the location of the property for which exemption is claimed is	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 applicable charged do not exceed the limits provided in section 50053 of the sectio	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial at the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for f	rst time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	ed fo <mark>r first time filers) w</mark> hich is non <mark>profit and no</mark> part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	pin <mark>ding docume</mark> nt requiring that at least 30% of the housing units are nants.
	nower-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 hours for additional information?
Received by(Assessor's designee)	NAME
af.	
Of(county or city)	ADDRESS (street, city, state, zip code)
On(date)	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CED.	CIFICATION
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.

