EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181

| State of California, County of | https://assessor.saccounty.gov |
|---|--|
| (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 | 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 | ed is ZIP |
| (give complete add | |
| 5. That this claim for exemption is made for the 20 | |
| in section 50079.5 of the Health and Safety Code or approcharged do not exceed the limits provided in section 5005 | ing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rent 53 of the Health and Safety Code or applicable federal, state, or local financial ing that the tenants' incomes and rents do not exceed those limits is attached fidavit. |
| 7. That the property is owned and operated by an owr | ner operator owner/operator |
| [] a federally recognized tribe (documentation required | d for first time filers) |
| a tribally designated housing entity (documentation r inure to the benefit of any private shareholder. | equired for first time filers) which is nonprofit and no part of those net earning |
| That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco | gally binding document requiring that at least 30% of the housing units are ome tenants. |
| | ng — 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 |
| Received by | hours fo <mark>r</mark> additional information? |
| of(county or city) | ADDRESS (street, city, state, zip code) |
| (133.19) | |
| 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.

