EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Tom J. Slavich **San Benito County Assessor**

440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033

www.cosb.us/government/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 of the property described
1. That as	
	(officer)
2. of the	ame of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is cla	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 hin section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5	using and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial rming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requ	red for first time filers)
 a tribally designated housing entity (documentation in the benefit of any private shareholder. 	required for <mark>first t</mark> ime f <mark>ile</mark> rs) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-	legally binding document requiring that at least 30% of the housing units are come tenants.
	sing — Lower-Income Households, is also required to be filed with the Assesson evenue and Taxation Code for those tribes or tribally designated housing entities ing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, ents, 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.

