EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500

Fax: (650) 363-1903 email: assessor@smcacre.gov

| State of California, County of | web: www.smcacre.gov |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (name of person making claim) | , |
| who is filing this claim as, or on behalf of, the | of the property described |
| herein, states: | or tribally designated housing, owner and/or entity) |
| 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 prope <mark>rt</mark> y for wh <mark>ich exemptio</mark> n is cl aime | |
| (give c <mark>om</mark> plete add | |
| 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 plicable federal, state, or local financial assistance agreements and the rents 53 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) |
| a tribally designated housing entity (documentation reinure to the benefit of any private shareholder. | equired for first time filers) which is nonprofit and no part of those net earnings |
| That there is a deed restriction, agreement, or other leg 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 |
| | hours fo <mark>r</mark> additional information? |
| Received by | NAME |
| , , | (VAIVIL |
| Of(county or city) | ADDRESS (street, city, state, zip code) |
| | |
| 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.

