EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Lawrence E. Stone Santa Clara County Assessor

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

State of California, County of	www.sccassessor.org
(name of person making claim)	,
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	(name 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	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 charged do not exceed the limits provided in section	al housing and related facilities for tenants who are persons of low income as defined to applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that 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 re	equired for first time filers)
inure to the benefit of any private shareholder	ther legally binding document requiring that at least 30% of the housing units are
	Housing — Lower-Income Households, is also required to be filed with the Assessor e Revenue and Taxation Code for those tribes or tribally designated housing entities housing.
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)
on	
(cate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
I certify (or declare) under penalty of perjury under	r the laws of the State of California that the foregoing and all information hereon,
including any accompanying statements or doc	cuments, 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.

