EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Kathy Scriven Sutter County Assessor

1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

State of California, County of	
(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	ZIP
4. the location of the property for which exemption is classified to the complex of the property for which exemption is classified to the property for the	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.	ousing and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 50053 of the Health and Safety Code or applicable federal, state, or local financial ffirming 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 req	uired for first time filers)
inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other	ion required for first time filers) which is nonprofit and no part of those net earnings er legally binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-	
	nusing — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities using.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of	ADDDECO (stand site at the site and s)
(county or city)	ADDRESS (street, city, state, zip code)
on	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents of statements of documents of person making claim	nents, is true, correct and complete to the best of my knowledge and belief.
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