EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

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 designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of tribe	or tribally designated housing entity)
	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 or applicable charged do not exceed the limits provided in section 50053 of the sectio	d related facilities for tenants who are persons of low income as defined by federal, state, or local financial assistance agreements and the rent ne Health and Safety Code or applicable federal, state, or local financial at 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 required for fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	d for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income te	pinding document requiring that at least 30% of the housing units are na <mark>nt</mark> s.
	ower-Income Households, is also required to be filed with the Assessond Taxation Code for those tribes or tribally designated housing entitie
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)	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERT	TIFICATION
	the State of California that the foregoing and all information hereon, ue, 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.

