EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

(name of person making claim)			
who is filing this claim as, or on behalf of, the herein, 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			
4. the location of the property for which exempt	(give complete mailing address) ion is claimed is give complete address)	ZIP	
5. That this claim for exemption is made for the	20 20 fiscal year on the leased prop	perty described above.	
in section 50079.5 of the Health and Safety charged do not exceed the limits provided in	rental housing and related facilities for tenants who Code or applicable federal, state, or local financia section 50053 of the Health and Safety Code or ap aimant affirming that the tenants' incomes and rents a income affidavit.	I as <mark>sistance ag</mark> reements and the rent opli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia	
7. That the property is owned and operated by	an owner operator owner/	operator	
[] a federally recognized tribe (documenta	tion required for first time filers)		
[] a tribally designated housing entity (docu inure to the benefit of any private share	umentation required for first time filers) which is nor nolder.	profit and no part of those net earning	
 That there is a deed restriction, agreement, occupied by or held for occupancy by qualify 	or other legally binding document requiring that ing low-income tenants.	at least 30% of the housing units a	
	237, Housing — Lower-Income Households, is als of the Revenue and Taxation Code for those tribe ibal Housing.		
FOR ASSESSOR'S USE ONL		ntact during normal business	
	hours for ad	ditional information?	
Received by			
(Assessor's designee)	NAME		
Of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER EN	IAIL ADDRESS	
		IAILADDRE33	
	()		
	CERTIFICATION		
	under the laws of the State of California that the for or documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

