## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of \_\_



## Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	(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 cla	ZIP
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5	ousing and related facilities for tenants who are persons of low income as define applicable federal, state, or local financial assistance agreements and the rent 50053 of the Health and Safety Code or applicable federal, state, or local financia firming that the tenants' incomes and rents do not exceed those limits is attached a affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation requ	uired for first time filers)
[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	on required for first time filers) which is nonprofit and no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-i</li> </ol>	r legally binding document requiring that at least 30% of the housing units ar ncome tenants.
	using — Lower-Income Households, is also required to be filed with the Assesso levenue and Taxation Code for those tribes or tribally designated housing entitie sing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	e laws of the State of California that the foregoing and all information hereon, ents, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
	LIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

