## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181

State of California, County of	FINITE (916) 873-0720  FAX (916) 854-9181  https://assessor.saccounty.gov
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	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	ZIP
(give c <mark>om</mark> plete addres	SS)
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 applications of	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached. avit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required f	for first time filers)
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	ally binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor up and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	_
, ,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	ERTIFICATION s of the State of California that the foregoing and all information hereon,
	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.

