EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Joseph E. Holland Santa Maria (805) 346-8310

County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550

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

State of California, County of	
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)
	(officer)
2. of the	me 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 claim	ned is
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 a charged do not exceed the limits provided in section 50	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached. ffidavit.
7. That the property is owned and operated by an owned operated of owned and operated by an owned operated operate	ner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other loccupied by or held for occupancy by qualifying low-inc	egally binding document requiring that at least 30% of the housing units are ome tenants.
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	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, its, 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.

