EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Lawrence E. Stone Santa Clara County Assessor

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

State of California, County of	www.sccassessor.org
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
	(officer)
2. of the	pe or tribally designated housing entity)
3. the mailing address of which is	ve complete mailing address)
4. the location of the property for which exemption is claimed is	
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as defined one federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial hat 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	first time filers)
inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally	red for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-income t	
	Lower-Income Households, is also required to be filed with the Assessor 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 fo <mark>r</mark> additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)
on	-
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CER	RTIFICATION
	of the State of California that the foregoing and all information hereon,
	true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

