## **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
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe or triba	lly designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	e 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	ZIP
	fiscal year on the leased property described above
	fiscal year on the leased property described above.  nd related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	ple 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 owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	first time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	ed for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed res <mark>triction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to</mark>	binding document requiring that at least 30% of the housing units are enants.
	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 hours for additional information?
Received by(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	ADDRESS (Street, City, State, 21p code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	TIFICATION
	f 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 DATE

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

