EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Sheri Thomas County of Santa Cruz Assessor

701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002

Email: asrwebmail@co.santa-cruz.ca.us

State of California, County of		
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	lescribed
1. That as		
	(officer)	
2. of the	(and of the same to the little of the same to the same	
	(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	claimed is ZIP	
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 renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section	housing and related facilities for tenants who are persons of low incorpressing and related facilities for tenants who are persons of low incorpressing applicable federal, state, or local financial assistance agreements 50053 of the Health and Safety Code or applicable federal, state, or affirming that the tenants' incomes and rents do not exceed those limits.	and the rents local financial
7. That the property is owned and operated by an	owner operator owner/operator	
[] a federally recognized tribe (documentation re	quired for first time filers)	
 a tribally designated housing entity (document inure to the benefit of any private shareholder 	tion required for first time filers) which is nonprofit and no part of those	e net earnings
8. That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying lo	per legally binding document requiring that at least 30% of the house-income tenants.	sing units are
	ousing — Lower-Income Households, is also required to be filed with Revenue and Taxation Code for those tribes or tribally designated housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal bus	iness
Received by	hours for additional information?	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
OII(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS	
	()	
	CERTIFICATION	
	the laws of the State of California that the foregoing and all information ments, is true, correct and complete to the best of my knowledge and	
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE	

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

