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

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



## Ms. Laura Marshall **Sierra County Assessor**

100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

| State of California, County of   | -   |
|--|---|
|  |   |
| (name of person making claim)  | <del></del> ,   |
| 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  |   |
| (name of tribi   | or tribally designated housing entity)  |
| 3. the mailing address of which is   | e 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.   |
| in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of     | d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financial at 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   | rst 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 restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to   | pinding document requiring that at least 30% of the housing units are nants.  |
|  | nd 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(county or city)   | ADDRESS (street, city, state, zip code)   |
| on   |   |
| OH(date)   | DAYTIME PHONE NUMBER EMAIL ADDRESS  |
|  | ( )   |
|  | ( )   |
| CER  | TIFICATION  |
|  | the State of California that the foregoing and all information hereon, rue, correct and complete to the best of my knowledge and belief.  |
| SIGNATURE OF PERSON MAKING CLAIM   | TITLE DATE  |
|  |   |