EF-237-R04-0518-23000137-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800

(pare of person-making clam) (bite or tiblet/ (sequence focusing, conver and/or wetly) of the property described herein, states: (offeer) (conver of the or tiblet/ (sequence focusing, conver and/or wetly) (offeer) (offeer) (our of the or tiblet/ sequence focusing, conver and/or wetly) the mailing address of which is	St	tate of California, County of			
		(name of person making claim)	,		
			iballv designated housing, owner and/or entity	of the property described	
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ZIP (pive complete address) 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 and related facilities for tenants who are persons of low income as definer in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the renty charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner / operator owner/operator [] a federally recognized tribe (documentation required for first time filers)	J.	(give complete mailing address)			
	4.	the location of the property for which exemption is claimed i	s		
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SIGNATURE OF PERSON MAKING CLAIM TITLE DATE	SIC				

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

