## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of \_\_\_\_



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

(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)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption	is claimed is		
		ZIP	
(give a	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 rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de or applicable federal, state, or local finar tion 50053 of the Health and Safety Code of ant affirming that the tenants' incomes and re	ncial assistance agreements and the rents r applicable federal, state, or local financia	
7. That the property is owned and operated by an owner operator owner/operator			
[ ] a federally recognized tribe (documentation required for first time filers)			
[ ] a tribally designated housing entity (docume inure to the benefit of any private sharehold		nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		hat at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tr		
FOR ASSESSOR'S USE ONLY	Whom should we	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)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or d			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM IS A	PUBLIC RECORD AND IS SUBJECT TO	PUBLIC INSPECTION.	

