237-R04-0518-530000 BOE-237 REV. 04 (05-18)	57-1		Shanna White County Clerk-Recorder-Assessor P.O. Box 1255
EXEMPTION OF LO	OW-INCOME TRIBAL HOUSING		Weaverville, CA 96093
Fo receive the full exempt	ion, this claim must be filed with the Assessor by F	February 15.	Phone: (530) 623-1257 Fax: (530) 623-8398
State of California.	County of		assessor@trinitycounty.org
	(name of person making claim)	<del>,</del>	
who is filing this claim herein, states:	n as, or on behalf of, the	ally designated housing, owner and/o	r entity) of the property described
1. That as			
		(officer)	
2. of the	(name of tril	be or tribally designated housing entit	y)
			ZIP
4. the location of the	property for which exemption is claimed is	i	
	(give complete address)		ZIP
5 That this claim for	exemption is made for the 20 20	fiscal year on the los	asod property described above
			nants who are persons of low income as de
The exemption car	nnot be allowed without the income affidav s owned and operated by an owner		and rents do not exceed those limits is atta owner/operator
	cognized tribe (documentation required for		
[ ] a tribally desig			ich is nonprofit and no part of those net earr
8. That there is a de	• •		iring that at least 30% of the housing units
under the provision			<i>lds,</i> is also required to be filed with the Asse lose tribes or tribally designated housing en
_	ASSESSOR'S USE ONLY	Whom shou	ld we contact during normal business
		hours for additional information?	
Received by	(Assessor's designee)	NAME	
of	(county or city)	ADDRESS (street, city, state, z	zip code)
on	(date)		
	(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
			EIVIAIL ADDRESS
		RTIFICATION	
	<ul> <li>e) under penalty of perjury under the laws of ccompanying statements or documents, is</li> </ul>		that the foregoing and all information hereo te to the best of my knowledge and belief.
SIGNATURE OF PERSON MAK			DATE

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

