EF-237-R04-0518-55000388-1 BOE-237 REV. 04 (05-18)

State of California, County of \_

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

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



**Tuolumne County Assessor-Recorder** 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Kanana a Canana a martina a tribu.	,		
(name of person making claim) who is filing this claim as, or on behalf of, the erein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
. That as			
	(officer)		
. of the	(name of tribe or tribally designated housing entity)		
. the mailing address of which is	(give complete mailing address)	ZIP	
. the location of the property for which exemption	is claimed is		
		ZIP	
(give	complete address)		
. That this claim for exemption is made for the 20	20 fiscal year on the leased prope	erty described above.	
charged do not exceed the limits provided in sec	de or applicable federal, state, or local financial tion 50053 of the Health and Safety Code or app ant affirming that the tenants' incomes and rents of	assistance agreements and the rents licable federal, state, or local financia	
. That the property is owned and operated by an	owner operator owner/o	perator	
[ ] a federally recognized tribe (documentatio	n required for first time filers)		
[ ] a tribally designated housing entity (docum inure to the benefit of any private sharehol	entation required for first time filers) which is nonp der.	profit and no part of those net earning	
. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units are	
. BOE-237-A, <i>Supplemental Affidavit for BOE-23</i> under the provisions of sections 251 and 254 of filing BOE-237, <i>Exemption of Low-Income Triba</i>	the Revenue and Taxation Code for those tribes		
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(date)			
	DAYTIME PHONE NUMBER EMAI	ILADDRESS	
	( )		
	CERTIFICATION		

SIGNATURE OF PERSON MAKING CLAIM TITLE DATE

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

