EF-237-R03-0208-03000876-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe or trib	bally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	tribe or tribally designated housing entity)
3 the mailing address of which is	7ID
- (6	give complete mailing address)
4. the location of the property for which exemption is claimed is	S
(give complete address)	ZIP
(give complete address)	
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 applications charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applications.	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. vit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	r first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	uired 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	y binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessor e and 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	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
	-
on	·
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CE	RTIFICATION
I certify (or declare) under penalty of perjury under the laws	of the State of California that the foregoing and all information hereon,
	s true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

