EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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			
(give cc	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased proper	rty described above.	
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inc	e or applicable federal, state, or local financial a ion 50053 of the Health and Safety Code or appli nt affirming that the tenants' incomes and rents d	essistance agreements and the rents icable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	perator	
[] a federally recognized tribe (documentation	required for first time filers)		
[] a tribally designated housing entity (documer inure to the benefit of any private shareholder	ntation required for first time filers) which is nonpr er.	rofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying la		t 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 th filing BOE-237, Exemption of Low-Income Tribal	he Revenue and Taxation Code for those tribes of		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
	hours for addi	tional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
ON(date)			
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under			
SIGNATURE OF PERSON MAKING CLAIM	cuments, is true, correct and complete to the be	DATE	
THIS EXEMPTION CLAIM IS A F	PUBLIC RECORD AND IS SUBJECT TO PUBL		

