EF-237-R04-0518-06000555-1 BOE-237 REV. 04 (05-18)

SIGNATURE OF PERSON MAKING CLAIM

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of					
(name of person making claim)	<b>,</b>				
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally de	signated hc	using, owner and/or enti	ty) of the second secon	ne property described
1. That as					
		(office	)		
2. of the	(name of tribe or t	ribally desig	nated housing entity)		
3. the mailing address of which is	(give cor	mplete mail	ing address)		ZIP
4. the location of the property for which exemption is a	claimed is				
(give comp	lete address)				ZIP
5. That this claim for exemption is made for the 20	20	fiscal y	ear on the lease	d property describ	ed above.
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incor	or applicable f 1 50053 of the affirming that t	ederal, Health	state, or local fin and Safety Code	ancial assistance or applicable fede	agreements and the rents ral, state, or local financia
7. That the property is owned and operated by an owner operator owner/operator					
[ ] a federally recognized tribe (documentation re-	- quired for first	time file	ers)		
<ol> <li>a tribally designated housing entity (documenta inure to the benefit of any private shareholder.</li> </ol>		for first t	ime filers) which	is nonprofit and no	part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low			cument requiring	g that at least 30%	of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho	Revenue and				
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 cc	ode)	
on(date)					
		DAYTIME	PHONE NUMBER	EMAIL ADDRESS	
			, 		
	CERTIF				
I certify (or declare) under penalty of perjury under including any accompanying statements or docu					

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

TITLE

DATE