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)	,		
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
2. 01 1110	(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 cla	aimed is		
		ZIP	
(give complete	te address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for rental h in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant at The exemption cannot be allowed without the income.	applicable federal, state, or local final 50053 of the Health and Safety Code of ffirming that the tenants' incomes and r	ncial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator ow	ner/operator	
[] a federally recognized tribe (documentation requ	uired for first time filers)	or first time filers)	
[] a tribally designated housing entity (documentation in the benefit of any private shareholder.	on required for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-		that at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, How under the provisions of sections 251 and 254 of the F filling BOE-237, Exemption of Low-Income Tribal Hou 	Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
	hours for	r additional information?	
Received by	NAME		
(IVAIVIL		
of(county or city)	ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
(county of city)			
on(date)			
(uate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under th		he foregoing and all information hereon	
including any accompanying statements or docum			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	