EF-237-R04-0518-06000257-1 BOE-237 REV. 04 (05-18)

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)		—,	of the property described	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally	/ designated housing, owner and/or entit	$_{\gamma}$ 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	e complete mailing address)	ZIP	
4. the location of the property for which exempt	ion is claimed is			
(s	give complete address)		ZIP	
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 in section 50079.5 of the Health and Safety of charged do not exceed the limits provided in s assistance agreements. An affidavit by the cla The exemption cannot be allowed without the	Code or applicabl section 50053 of t aimant affirming th	e federal, state, or local fin- he Health and Safety Code at the tenants' incomes and	ancial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by an owner operator owner/operator				
[ ] a federally recognized tribe (documentation	tion required for fi	rst time filers)		
<ul> <li>a tribally designated housing entity (docu inure to the benefit of any private shareh</li> </ul>		ed for first time filers) which i	s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualify			that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE- under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tr	of the Revenue a			
FOR ASSESSOR'S USE ONLY	Y		re contact during normal business or additional information?	
Received by		NAME		
of(county or city)		ADDRESS (street, city, state, zip code)		
on(date)			- I	
		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
L		<u>× /</u>		
	CERI	TIFICATION		
I certify (or declare) under penalty of perjury including any accompanying statements o				

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE

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