EF-237-R03-0208-22000404-1 BOE-237 REV. 03 (02-08)

State of California, County of \_

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Tammie Guenthart Mariposa County Assessor**

4982 10th St P.O. Box 35 Mariposa, CA 95338

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Ph: (209) 966-2332 Fax: (209) 966-5719

		Monday-Friday:8am-5pm				
(name of person making clain	,					
who is filing this claim as, or on behalf of, therein, states:	ne	ignated 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 com	plete mailing address)		_ ZIP		
4. the location of the property for which exe	emption is claimed is					
				_ ZIP		
	(give complete address)					
5. That this claim for exemption is made fo	r the 20 20	fiscal year on the leased p	property descri	bed above.		
5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.						
7. That the property is owned and operated	7. That the property is owned and operated by an owner operator owner/operator					
[ ] a federally recognized tribe (documentation required for first time filers)						
[ ] a tribally designated housing entity ( inure to the benefit of any private sl		or first time filers) which is r	nonprofit and r	no part of those net earnings		
3. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.						
<ol> <li>BOE-237-A, Supplemental Affidavit for E under the provisions of sections 251 and filing BOE-237, Exemption of Low-Incom</li> </ol>	1 254 of the Revenue and					
FOR ASSESSOR'S USE	ONLY	Whom should we contact during normal business hours for additional information?				
Received by	gnee) i	NAME				
of(county or city)		ADDRESS (street, city, state, zip code)				
on(date)						
(date)	ī	DAYTIME PHONE NUMBER	EMAIL ADDRESS			
		( )				
	CERTIFI			- Latting and the same		
I certify (or declare) under penalty of per including any accompanying stateme						
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE		

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

