EF-237-R03-0208-25000686-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Cheri Budmark **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237

State of California, County of		rax: (330) 233-6237 assessor@co.modoc.ca.us	
(name of person making claim) who is filling this claim as, or on behalf of, the herein, states:	(tribe or tribally o	, designated housing, owner and/or entity)	of the property described
1. That as		(officer)	
2. of the		, ,	
2. 01 the	(name of tribe of	r tribally designated housing entity)	
3. the mailing address of which is	(give o	omplete mailing address)	ZIP
4. the location of the property for which exempt			
			ZIP
(9	give complete address)		
5. That this claim for exemption is made for the	20 20	_ fiscal year on the leased p	roperty described above.
 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 sassistance agreements. An affidavit by the cla The exemption cannot be allowed without the 	Code or applicable section 50053 of the imant affirming that	federal, state, or local finance Health and Safety Code or	cial assistance agreements and the rents applicable federal, state, or local financial
7. That the property is owned and operated by a	an owner	operator own	er/operator
[] a federally recognized tribe (documentar	tion required for fire	st time filers)	
 a tribally designated housing entity (docu inure to the benefit of any private shareh 		for first time filers) which is r	nonprofit and no part of those net earnings
That there is a deed restriction, agreement, occupied by or held for occupancy by qualify			at at least 30% of the housing units are
 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 an		
FOR ASSESSOR'S USE ONLY	Y	Whom should we contact during normal business hours for additional information?	
Received by		NAME	
, ,		INVIVIE	
Of(county or city)		ADDRESS (street, city, state, zip code)	
on			
()		DAYTIME PHONE NUMBER	EMAIL ADDRESS
	CEDTI	(
I certify (or declare) under penalty of perjury	under the laws of t	he State of California that the	
including any accompanying statements of	or documents, is tru	·	
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE

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

