EF-237-R03-0208-25000644-1 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	assessor@co.modoc.ca.us
(name of person making claim)	
who is filing this claim as, or on behalf of, the	lly designated housing, owner and/or entity) of the property described
herein, states:	ily designated nousing, owner and/or entity)
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	ZIP _
3. The maining address of which is	re complete mailing address)
4. the location of the property for which exemption is claimed is	
	ZIP
(give complete address)	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicab	nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rent the Local financial assistance agreements and the rent level level for the control of the control
	the Health and Safety Code or applicable federal, state, or local financianat the tenants' incomes and rents do not exceed those limits is attached to
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 (documentation requir inure to the benefit of any private shareholder.	ed for first time filers) which is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entitie
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	TIFICATION
	f the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

