| 37-R04-0518-25000339-1<br>BOE-237 REV. 04 (05-18)<br>EXEMPTION OF LOW-INCOME TRIBAL HOUSING<br>To receive the full exemption, this claim must be filed with the Asses   | sor by February 15. Phone: (530) 233-6218<br>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   | be or tribally designated housing, owner and/or entity) of the property described  |
| 1. That as  |  |
|   | (officer)  |
| 2. of the   | me of tribe or tribally designated housing entity)   |
| 3. the mailing address of which is  |  |
|   | (give complete mailing address)  |
| 4. the location of the property for which exemption is clai   | ned is   |
|   | ZIP  |
| (give complete  | - 20 fiscal year on the leased property described above.   |
| <ul> <li>charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affi The exemption cannot be allowed without the income</li> <li>7. That the property is owned and operated by an or</li> <li>[] a federally recognized tribe (documentation requi</li> <li>[] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul> | vner operator owner/operator<br>ed for first time filers)<br>required for first time filers) which is nonprofit and no part of those net earn<br>legally binding document requiring that at least 30% of the housing units |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Hous  | ing — Lower-Income Households, is also required to be filed with the Asservenue and Taxation Code for those tribes or tribally designated housing ent  |
| Received by   | NAME   |
|   |  |
| of(county or city)  | ADDRESS (street, city, state, zip code)  |
| ON(date)  | DAYTIME PHONE NUMBER EMAIL ADDRESS ( )   |
|   | CERTIFICATION  |
|   |  |

| THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION. |       |      |  |  |
|--|-------|------|--|--|
|  |       |      |  |  |
| SIGNATURE OF PERSON MAKING CLAIM   | TITLE | DATE |  |  |

