EF-237-R04-0518-25000128-1 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.



Kristen DePaul Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, the herein, states:	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
	ne 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 claim	ed is
	ZIP
(give complete ad	
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 ap charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ning that the tenants' incomes and rents do not exceed those limits is attached. fidavit.
7. That the property is owned and operated by an own	ner operator owner/operator
[] a federally recognized tribe (documentation require	d for first time filers)
 a tribally designated housing entity (documentation in inure to the benefit of any private shareholder. 	required for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco	egally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities g.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
· • • •	IVANIE
of(county or city)	ADDRESS (street, city, state, zip code)
(7	
On(date)	<u> </u>
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
I certify (or declare) under penalty of perjury under the la	aws of the State of California that the foregoing and all information hereon,
	ts, is 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.

