EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

(name of person making claim)		3	
who is filing this claim as, or on behalf of, the _ herein, states:	(tribe or triba	lly designated housing, owner and/or entity)	of the property described
1. That as			
		(officer)	
2. of the	(name of trib	e or tribally designated housing entity)	
2 the mailing address of which is			
3. the mailing address of which is	(giv	ve complete mailing address)	ZIP
4. the location of the property for which exempt	otion is claimed is		
	(give complete address)		ZIP
5. That this claim for exemption is made for th	e 20 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety charged do not exceed the limits provided in assistance agreements. An affidavit by the c The exemption cannot be allowed without the	Code or application of section 50053 of laimant affirming the section of the s	le federal, state, or local finan the Health and Safety Code or nat the tenants' incomes and re	cial assistance agreements and the rents applicable federal, state, or local financia
7. That the property is owned and operated by	/ an 🗌 owner	operator owr	ner/operator
[] a federally recognized tribe (document	ation required for	first time filers)	
[] a tribally designated housing entity (doo inure to the benefit of any private share		ed for first time filers) which is	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreemen occupied by or held for occupancy by qualif			nat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE under the provisions of sections 251 and 25 filing BOE-237, Exemption of Low-Income	4 of the Revenue		
FOR ASSESSOR'S USE ON	LY		contact during normal business
		hours for	additional information?
Received by(Assessor's designee,)	NAME	
of		ADDRESS (street, city, state, zip code)	
(county or city)			
on(14)			
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS
		()	
	CER	TIFICATION	1
I certify (or declare) under penalty of perjury including any accompanying statements	y under the laws o	f the State of California that th	
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE

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

