EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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

State of California, County of	assessor	assessor@nevadacountyca.gov	
(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	ame of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is claim			
(give complete a	address)	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased prope	erty described above.	
6. That at least 30% of the housing are used for rental hour in section 50079.5 of the Health and Safety Code or at charged do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affire The exemption cannot be allowed without the income as	pplicable federal, state, or local financial of 053 of the Health and Safety Code or apprining that the tenants' incomes and rents of the control of the con	assistance agreements and the rents licable federal, state, or local financial	
7. That the property is owned and operated by an $\ \ \ \ \ \ \ $ ov	wner operator owner/o	perator	
[] a federally recognized tribe (documentation require	red for first time filers)		
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	n required for first time filers) which is nonp	profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other I occupied by or held for occupancy by qualifying low-inc		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Hous under the provisions of sections 251 and 254 of the Refiling BOE-237, Exemption of Low-Income Tribal Housi 	venue and Taxation Code for those tribes		
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)	ADDRESS (street, city, state, zip code)	
on(date)			
()	DAYTIME PHONE NUMBER EMAI	IL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

