EF-237-R03-0208-53000834-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

Deanna L. E County Cle P.O. Box 1255 Weaverville, C/ Phone: (530) 623-Fax: (530) 623-

## Deanna L. Bradford County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

State of California, County of	assessor@trinitycounty.org
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
- 40	(officer)
2. of the	tribe or tribally designated housing entity)
2 the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	
(give complete addres:	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 applic charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rent of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	or first time filers)
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprofit and no part of those net earning
<ol><li>That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income</li></ol>	ly binding document requiring that at least 30% of the housing units are tenants.
	<ul> <li>Lower-Income Households, is also required to be filed with the Assessor are and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
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
CE	ERTIFICATION
I certify (or declare) under penalty of perjury under the laws	s of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents, a SIGNATURE OF PERSON MAKING CLAIM	is true, correct and complete to the best of my knowledge and belief.    TITLE   DATE

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

