EF-237-R03-0208-53000765-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

P.O. Box 1255

Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398

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 e or tribally designated housing, owner and/or entity)
1. That as	
2 of the	(officer)
2. of the	me of tribe or tribally designated housing entity)
3. the mailing address of which is	
4. the location of the property for which exemption is claim	
(give complete ad	ZIP
	·
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. ffidavit.
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 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 by.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	CERTIFICATION 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.

