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

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



## **Shanna White County Clerk-Recorder-Assessor**

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the		of the property described	
herein, states:	(tribe or tribally designated housing, owner and/or entity)		
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4 the legation of the preparty for which everytion i			
4. the location of the property for which exemption i	is claimed is		
(give co	omplete address)	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income.	le or applicable federal, state, or local financial ion 50053 of the Health and Safety Code or app ant affirming that the tenants' incomes and rents	assistance agreements and the rents blicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owner/o	pperator	
[ ] a federally recognized tribe (documentation	required for first time filers)		
<ul> <li>a tribally designated housing entity (documer inure to the benefit of any private shareholder)</li> </ul>	ntation required for first time filers) which is non er.	profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying I		at least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal</li> </ol>	he Revenue 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 EMA	AILADDRESS	
	CERTIFICATION		
	CERTIFICATION	vancing and all information beauty	
I certify (or declare) under penalty of perjury und including any accompanying statements or do	er the laws of the State of California that the fo ocuments, is true, correct and complete to the b		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

