EF-237-R03-0208-55000377-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

T 2 S P F

Kaenan Whitman Tuolumne County Assessor-Recorder

2 South Green Street, Third Floor Sonora, CA 95370

Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

·		, , , , , , , , , , , , , , , , , , , ,	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
	e of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
the location of the property for which exemption is claime	ed is		
(give complete addi	ress)	ZIP	
5. That this claim for exemption is made for the 20 2	20 fiscal year on the leased prop	erty described above.	
5. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or appocharged do not exceed the limits provided in section 5005 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affiliation.	licable federal, state, or local financial 3 of the Health and Safety Code or apping that the tenants' incomes and rents	assistance agreements and the rent plicable federal, state, or local financia	
7. That the property is owned and operated by an own	er operator owner/o	pperator	
[] a federally recognized tribe (documentation required	for first time filers)		
[] a tribally designated housing entity (documentation reinure to the benefit of any private shareholder.	equired for first time filers) which is non	profit and no part of those net earning	
 That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incor 		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing 	nue and Taxation Code for those tribes	o required to be filed with the Assesso s or tribally designated housing entities	
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)	_		
(odio)	DAYTIME PHONE NUMBER EM/	AIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

