EF-237-R04-0518-55000318-1 BOE-237 REV. 04 (05-18)

State of California, County of _

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is		ZIP	
-	(give complete mailing address)		
4. the location of the property for which exemption	is claimed is		
(dive	omplete address)	ZIP	
5. That this claim for exemption is made for the 20		ty described above	
 That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec 	tal housing and related facilities for tenants who a e or applicable federal, state, or local financial as ion 50053 of the Health and Safety Code or appli int affirming that the tenants' incomes and rents do	re persons of low income as defined ssistance agreements and the rents cable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	erator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	ntation required for first time filers) which is nonpro er.	ofit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 		least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those tribes o		
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		

SIGNATURE OF PERSON MAKING CLAIM DATE TITLE

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