EF-237-R04-0518-55000237-1 BOE-237 REV. 04 (05-18)

SIGNATURE OF PERSON MAKING CLAIM

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

DATE

	ate of California, County of			
	(name of person making claim)	,		
who is filing this claim as, or on behalf of, the		(tribe or tribally designated ho	using, owner and/or entity)	of the property described
1.	That as			
		(office))	
2.	of the	(name of tribe or tribally desig	nated housing entity)	
3.	the mailing address of which is	(give complete mail	ing address)	ZIP
4. the location of the property for which exemption is claimed is				
	(give co	mplete address)		ZIP
5.	That this claim for exemption is made for the 20_	20 fiscal y	ear on the leased pr	operty described above.
6.	That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.			
7.	That the property is owned and operated by an owner operator owner/operator			
	[] a federally recognized tribe (documentation required for first time filers)			
	[] a tribally designated housing entity (documen inure to the benefit of any private shareholde		ime filers) which is no	onprofit and no part of those net earning
8.	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units a occupied by or held for occupancy by qualifying low-income tenants.			
9.	BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal	ne Revenue and Taxatio		
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			
		DAYTIME	PHONE NUMBER	EMAILADDRESS
		()	
		CERTIFICATIO	N	
-	I certify (or declare) under penalty of perjury under	ar the laws of the State	of California that the	foregoing and all information bergan



TITLE