EF-237-R04-0518-02000141-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



David Peets Alpine County Assessor/Recorder 50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

State of California, County of	
(name of person making claim)	1
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ne of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claim	ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental hous 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.
7. That the property is owned and operated by an own	ner operator owner/operator
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
occupied by or held for occupancy by qualifying low-inco	egally binding document requiring that at least 30% of the housing units are one tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Dessived by	nouis ici, additional miormation:
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
(
ON(date)	—
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	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.