EF-237-R03-0208-05000354-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Larie Durham
Calaveras County Assessor
891 Mountain Ranch Road
San Andreas, CA 95249
209.754.6356

State of California, County of	209.734.0330
(name of person making claim)	
who is filing this claim as or on behalf of the	of the property described
herein, states: (tribe or tribe	ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ibe or tribally designated housing entity)
 3. the mailing address of which is	ive complete mailing address) ZIP
in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	fiscal year on the leased property described above, and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached.
The exemption cannot be allowed without the income affidav 7. That the property is owned and operated by an owner [] a federally recognized tribe (documentation required for	operator owner/operator
	red for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t	binding document requiring that at least 30% of the housing units are tenants.
	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes 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)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CFF	RTIFICATION
I certify (or declare) under penalty of perjury under the laws of	of the State of California that the foregoing and all information hereon,
SIGNATURE OF PERSON MAKING CLAIM	true, correct and complete to the best of my knowledge and belief. TITLE DATE

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

