EF-237-R04-0518-05000182-1 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.



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

State of California, County of			
(name of person making claim)	<b>,</b>		
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)		
	(name of thise of thisally designated housing entity)	210	
<ul> <li>3. the mailing address of which is</li></ul>			
	mplete address)		
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the incoment.	e or applicable federal, state, or local financial on 50053 of the Health and Safety Code or app it affirming that the tenants' incomes and rents	as <mark>sis</mark> tance agreements and the rents bli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by an	owner operator owner/c	perator	
[ ] a federally recognized tribe (documentation r	required for first time filers)		
[ ] a tribally designated housing entity (documen inure to the benefit of any private shareholde	tation required for first time filers) which is non er.	profit and no part of those net earnings	
<ol> <li>That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying log</li> </ol>		at least <mark>30</mark> % of the housing units are	
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 I	e Revenue and Taxation Code for those tribes Housing.	or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		tact during normal business litional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER EMA	IL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or door			
SIGNATURE OF PERSON MAKING CLAIM			

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

