EF-237-R04-0518-06000230-1 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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	r tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is claimed		ZIP	
5. That this claim for exemption is made for the 20 20	0 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or appl charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affide the section for	icable federal, state, or local financia 3 of the Health and Safety Code or an ng that the tenants' incomes and rents	al as <mark>sis</mark> tance agreements and the rents oplic <mark>able federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an owned	er operator owner	/operator	
[] a federally recognized tribe (documentation required	for first time filers)		
 a tribally designated housing entity (documentation re inure to the benefit of any private shareholder. 	quired for first time filers) which is nor	nprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other leg- occupied by or held for occupancy by qualifying low-incon		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Rever filing BOE-237, Exemption of Low-Income Tribal Housing. 			
FOR ASSESSOR'S USE ONLY		ntact during normal business	
	hours for ad	lditional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER EN	/AIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the lav including any accompanying statements or documents			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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