## **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 Califo	ornia, County of						
	(name of person making claim)	,					
who is filing thi herein, states:	s claim as, or on behalf of, the	(tribe or tribally desi	ignated hou	using, owner and/or entity)	of	the property described	
1. That as							
			(officer)				
2. of the	. of the						
(name of tribe or tribally designated housing entity)							
3. the mailing	address of which is	(give com	plete mailir	ng address)		ZIP	
4. the location	of the property for which exemption is	claimed is		12		ZIP	
5. That this cla	aim for exemption is made for the 20	20	fiscal ye	ear on the leased	property descri	bed above.	
in section 5 charged do assistance a	t 30% of the housing are used for renta 0079.5 of the Health and Safety Code not exceed the limits provided in sectio agreements. An affidavit by the claiman tion cannot be allowed without the inco	or applicable fe on 50053 of the l t affirming that the	deral, s leal <mark>th a</mark>	state, or <mark>lo</mark> ca <mark>l fi</mark> nar and Safety Code o	ncial as <mark>sis</mark> tance r appli <mark>cable fec</mark>	e agree <mark>me</mark> nts and the rents leral, state, or local financial	
7. That the pro	perty is owned and operated by an	owner	оре	erator owi	ner/operator		
[ ] a federally recognized tribe (documentation required for first time filers)							
	[ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.						
	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.						
under the p	, Supplemental Affidavit for BOE-237, Frovisions of sections 251 and 254 of the 237, Exemption of Low-Income Tribal H	e Rev <mark>en</mark> ue and	Taxatio	n Code for those to	ribes or tribally	designated housing entities	
	FOR ASSESSOR'S USE ONLY		V		contact during additional into	g normal business	
Received by	(Assessor's designee)	Ī	NAME	nours ro.			
of		-	DDDEGG	(-kk			
(county or city)				(street, city, state, zip code,	)		
on	(date)						
	(date)	Ī	DAYTIME P	HONE NUMBER	EMAIL ADDRESS		
		(	,	)			
		CERTIFI	CATION	N			
	declare) under penalty of perjury under any accompanying statements or doc						
SIGNATURE OF PER	SON MAKING CLAIM		TITLE			DATE	

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

