EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION

P.O. Box C San Rafael, CA 94913

Phone: (415) 473-7231

State of California, County of	Fax: (415) 473-6255 www.marincounty.gov
who is filing this claim as, or on behalf of, the herein, states: 1. That as	tribe or tribally designated housing, owner and/or entity)
	(officer)
2. of the	name of tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is cla	
(give complete	e address)
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5	pusing and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial firming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation requ	ired for first time filers)
inure to the benefit of any private shareholder.	n required for first time filers) which is nonprofit and no part of those net earnings legally binding document requiring that at least 30% of the housing units are occurre tenants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hou	using — Lower-Income Households, is also required to be filed with the Assessor evenue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by(Assessor's designee)	hours fo <mark>r</mark> additional information?
of .	
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	e laws of the State of California that the foregoing and all information hereon, ents, 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.

