EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of _



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106

Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

(name of person making claim)	,	
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)	
 the mailing address of which is 	(give complete mailing address)	ZIP
4. the location of the property for which exemption i		ZIP
give a		
5. That this claim for exemption is made for the 20_	- 20 fiscal year on the leased prope	erty described above.
6. That at least 30% of the housing are used for remin section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income section.	al housing and related facilities for tenants who e or applicable federal, state, or local financial on 50053 of the Health and Safety Code or app nt affirming that the tenants' incomes and rents	are persons of low income as defined assistance agreements and the rents plicable federal, state, or local financia
7. That the property is owned and operated by an	owner operator owner/o	pperator
[] a federally recognized tribe (documentation	required for first time filers)	
	ntation required for first time filers) which is non	profit and no part of those net earning
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying labels. 		at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those tribes	
FOR ASSESSOR'S USE ONLY		tact during normal business
	hours for add	litional information?
Received by(Assessor's designee)		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
ON(date)		
	DAYTIME PHONE NUMBER EMA	IL ADDRESS
	CERTIFICATION	
I certify (or declare) under penalty of perjury und including any accompanying statements or dc	er the laws of the State of California that the for cuments, is true, correct and complete to the b	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A	PUBLIC RECORD AND IS SUBJECT TO PUB	LIC INSPECTION.

