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)	j	
who is filing this claim as, or on behalf of, the	be or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(n	ame of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the prop <mark>ert</mark> y for wh <mark>ich exemptio</mark> n is clair	(give complete mailing address) ned is	$\mathbf{S} \mathbf{A}$
(give complete a	address)	ZIP
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for rental hou in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affir The exemption cannot be allowed without the income a	pplicable federal, state, or local fina 053 of the Health and Safety Code of ming that the tenants' incomes and i	ncial as <mark>sistance ag</mark> reements and the rents or appli <mark>ca</mark> ble federal, state, or local financia
7. That the property is owned and operated by an ow	vner operator ow	/ner/operator
[] a federally recognized tribe (documentation requir	ed for first time filers)	
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is	nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other to occupied by or held for occupancy by qualifying low-ind 		that at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Hous under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal Hous 	venue and Taxation Code for those	
FOR ASSESSOR'S USE ONLY		contact during normal business
Received by		r additional information?
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code	9)
(county or city)	······································	~
ON(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume.	laws of the State of California that t	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
F		

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

