EF-237-R04-0518-25000105-1
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.

State of California, County of _____

(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)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is	claimed is
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section 	I housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents of 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation re	equired for first time filers)
 a tribally designated housing entity (documentation in the benefit of any private shareholder) 	ation required for first time filers) which is nonprofit and no part of those net earnings .
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying loss	her legally binding document requiring that at least 30% of the housing units are wincome tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional mormation?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS

Kristen DePaul

Alturas, CA 96101 Phone: (530) 233-6218

Fax: (530) 233-6237 assessor@co.modoc.ca.us

Modoc County Assessor 204 Sout Court Street, Suite 106

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.				

