EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Rolf D. Kleinhans **Nevada County Assessor**

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858

State of California, County of		assessor@nevadacountyca.gov	
(name of person making claim) Who is filing this claim as, or on behalf of, the	,	of the property described	
herein, states:	(tribe or tribally designated housing, owner and/or entity)	,	
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)	ZIP	
4. the location of the property for which exempt	tion is claimed is	ZIP	
5. That this claim for exemption is made for the	e 20 - 20 fiscal year on the leased pro	onerty described above	
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety charged do not exceed the limits provided in	rental housing and related facilities for tenants w Code or applicable federal, state, or local financi section 50053 of the Health and Safety Code or a aimant affirming that the tenants' incomes and ren	ho are persons of low income as defined ial assistance agreements and the rents applicable federal, state, or local financial	
7. That the property is owned and operated by	an owner operator owne	er/operator	
[] a federally recognized tribe (documenta	ation required for first time filers)		
inure to the benefit of any private share	, or othe <mark>r legally bindin</mark> g document requiring tha		
9. BOE-237-A, Supplemental Affidavit for BOE-	-237, Housing — Lower-Income Households, is all tof the Revenue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONL		ontact during normal business	
Received by	NAME hours for a	dditional information?	
of(county or city)	ADDRESS (street, city, state, zip code)		
on(date)			
(,	DAYTIME PHONE NUMBER E	EMAIL ADDRESS	
	()		
	CERTIFICATION		
	under the laws of the State of California that the or documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

