EF-237-R04-0518-45000130-1 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.



LESLIE MORGAN ASSESSOR-RECORDER

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 Intra\_County toll free: 1(800)479-8009

	ame of person making claim)				
who is filing this claim as herein, states:	s, or on behalf of, the	(tribe or tribally designate	ed housing, owner and/or entity	of th	e property described
1. That as					
		(0	officer)		
2. of the					
<b>.</b>		(name of tribe or tribally of	designated housing entity)		
<ol> <li>the mailing address of</li> <li>the location of the pro</li> </ol>	operty for wh <mark>ich exemptio</mark> n is		mailing address)		
	(give c	omplete address)			ZIP
5. That this claim for exe	emption is made for the 20_	20 fisca	al year on the leased	d property describe	ed above.
in section 50079.5 of charged do not exceet assistance agreement	he housing are used for rent the Health and Safety Code ed the limits provided in secti ts. An affidavit by the claiman of be allowed without the inc	e o <mark>r applicable fed</mark> er ion 50053 of the Hea n <mark>t affirming that the t</mark> e	al, state, or local fina I <mark>th and Safe</mark> ty Code	ancial as <mark>sis</mark> tance a or appli <mark>cable fede</mark> r	agreements and the rent al, st <mark>at</mark> e, or local financia
7. That the property is ov	wned and operated by an	owner	operator ov	wner/operator	
[ ] a federally recog	nized tribe (documentation	required for first time	; filers)		
	ted housing entity (documer efit o <mark>f a</mark> ny private shareholde		st time filers) which i	is nonprofit and no	part of those net earning
	res <mark>tri</mark> ction, agreement, or c or occupancy by qualifying l		document requiring	that at least 30%	of the housing units ar
under the provisions of	nental Affidavit for BOE-237, of sections 251 and 254 of th aption of Low-Income Tribal	he Revenue and Tax			
FOR AS	SSESSOR'S USE ONLY			ve contact during or additional info	
			nours id		mauon
<b>D</b> · · · ·		NAME		-	
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of	(county or city)	 Dayti	IME PHONE NUMBER		
of	(county or city)		IME PHONE NUMBER		
of on I certify (or declare) u	(county or city)	CERTIFICAT	IME PHONE NUMBER ) TION ate of California that	EMAIL ADDRESS	
of on I certify (or declare) u	(county or city) (date) Inder penalty of perjury under Impanying statements or do	CERTIFICAT	IME PHONE NUMBER ) TION ate of California that rrect and complete to	EMAIL ADDRESS the foregoing and the best of my kn	