EF-237-R04-0518-46000238-1 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.



Ms. Laura Marshall Sierra County Assessor 100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

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 tribal	ly 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	(niv	e complete mailing address)	ZIP	
4. the location of the property for which exemp			ZIP	
	(give complete address)		ZIF	
5. That this claim for exemption is made for th	e 20 20	fiscal year on the leased	property 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 assistance agreements. An affidavit by the c The exemption cannot be allowed without the	Code or applicab section 50053 of laimant affirming th	le federal, state, or local finar the Health and Safety Code of lat the t <mark>en</mark> ants' income <mark>s</mark> and re	icial as <mark>sis</mark> tance agreements and the rents applicable federal, state, or local financia	
7. That the property is owned and operated by	/ an 🔲 owner	operator own	ner/operator	
[] a federally recognized tribe (document	ation required for f	irst time filers)		
 a tribally designated housing entity (doc inure to the benefit of any private share 		ed for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreemen occupied by or held for occupancy by qualif			hat at least 30% of the housing units are	
9. BOE-237-A, <i>Supplemental Affidavit for BOE</i> under the provisions of sections 251 and 25 filing BOE-237, <i>Exemption of Low-Income</i>	4 of the Revenue a			
FOR ASSESSOR'S USE ON	LY		contact during normal business	
		nours for	additional information?	
Received by(Assessor's designee)		NAME		
of(county or city)		ADDRESS (street, city, state, zip code)		
on				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
	CER	TIFICATION		
I certify (or declare) under penalty of perjury				
including any accompanying statements	or documents, is t	rue, correct and complete to t		
SIGNATURE OF PERSON MAKING CLAIM			DATE	

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