EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Shanna White County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

(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)	ZIP	
 the location of the property for which exemption (give a) 	is claimed is	ZIP	
5. That this claim for exemption is made for the 20	20fiscal year on the leased property	/ described above.	
charged do not exceed the limits provided in sec	de or applicable federal, state, or local financial as tion 50053 of the Health and Safety Code or applica ant affirming that the tenants' incomes and rents do	<mark>sistance ag</mark> reements and the rents able federal, st <mark>a</mark> te, or local financia	
7. That the property is owned and operated by an	owner operator owner/ope	rator	
[] a federally recognized tribe (documentation	required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	entation required for first time filers) which is nonprof der.	fit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 		east <mark>30</mark> % of the housing units an	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba. 	the Revenue and Taxation Code for those tribes or		
FOR ASSESSOR'S USE ONLY		et during normal business	
Received by(Assessor's designee)		onal information?	
	NAME		
Of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON			
(646)	DAYTIME PHONE NUMBER EMAIL A	DDRESS	
	()		
I certify (or declare) under penalty of perjury und	der the laws of the State of California that the foreg	oing and all information hereon,	
	ocuments, is true, correct and complete to the best		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

