EF-237-R03-0208-53000301-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Shanna Wh County Cle P.O. Box 1255 Weaverville, C/ Phone: (530) 62 Fax: (530) 623-

Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

(name of person making claim)	
ho is filing this claim as, or on behalf of, theerein, states:	of the property described tribally designated housing, owner and/or entity)
. That as	
	(officer)
of the	of tribe or tribally designated housing entity)
the mailing address of which is	(give complete mailing address)
. the location of the property for which exemption is claimed	J is ZIP
That this claim for exemption is made for the 20 20)fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicharged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as define icable federal, state, or local financial assistance agreements and the renal of the Health and Safety Code or applicable federal, state, or local financing that the tenants' incomes and rents do not exceed those limits is attached avit.
That the property is owned and operated by an owne	er operator owner/operator
[] a federally recognized tribe (documentation required f	for first time filers)
[] a tribally designated housing entity (documentation recinure to the benefit of any private shareholder.	quired fo <mark>r first ti</mark> me filers) which is nonprofit and <mark>no</mark> part of those net earnin
That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompany by the company of t	ally bin <mark>ding docume</mark> nt requiring that at least <mark>30</mark> % of the housing units ane tenants.
	— Lower-Income Households, is also required to be filed with the Assessine and Taxation Code for those tribes or tribally designated housing entition
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	_
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
C	ERTIFICATION
	ys of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents, GNATURE OF PERSON MAKING CLAIM	is true, correct and complete to the best of my knowledge and belief.
S. I. E. Con Institute of the	

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

