EF-237-R03-0208-55000257-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Kaenan Whitman **Tuolumne County Assessor - Recorder**

2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

State of California, County of	Email: assessor@tuolumnecounty.ca.gov
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	bally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	tribe or tribally designated housing entity)
3. the mailing address of which is	give complete mailing address)
4. the location of the property for which exemption is claimed i	ZIP_
5. 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 applications charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. vit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	r first time filers)
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income 	y binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
of(county or city)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	RTIFICATION
	of the State of California that the foregoing and all information hereon, s true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

