## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Kaenan Whitman Tuolumne County Assessor - Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated h	housing, owner and/or entity)	of the property described
1. That as			
	(office	er)	
2. of the			
	(name of tribe or tribally des	signated housing entity)	
3. the mailing address of which is	(give complete ma	ailing address)	ZIP
4. the location of the property for which exemption is	s claimed is		
(give co	mplete address)		ZIP
5. That this claim for exemption is made for the 20_	20fiscal	year on the leased p	property described above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the inc	e or applicable federal, on 50053 of the Health nt affirming that the ten	, state, or local finan and Safety Code or	cial as <mark>sistance ag</mark> reements and the rents appli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner or	perator own	er/operator
[ ] a federally recognized tribe (documentation required for first time filers)			
[ ] a tribally designated housing entity (documen inure to the benefit of any private shareholde		time filers) which is r	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or c occupied by or held for occupancy by qualifying la		ocument requiring th	hat at least 30% of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal</li> </ol>	ne Revenue and Taxati		
FOR ASSESSOR'S USE ONLY			contact during normal business
Received by	フレ	hours for	additional information?
(Assessor's designee)	NAME		
of	ADDRES	S (street, city, state, zip code)	
(county or city)			
on			
(date)			
		E PHONE NUMBER	EMAIL ADDRESS
L certify (or declare) under penalty of perius under	CERTIFICATIO		e foregoing and all information bergon
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is 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.

