EF-237-R04-0518-55000201-1 BOE-237 REV. 04 (05-18)

State of California, County of _

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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	Ily designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of trib	e or tribally designated housing entity)
 3. the mailing address of which is	ve complete mailing address)
(give complete address)	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 applical charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as define ole federal, state, or local financial assistance agreements and the ren the Health and Safety Code or applicable federal, state, or local financi nat the tenants' incomes and rents do not exceed those limits is attache t.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
[] a tribally designated housing entity (documentation requiring inure to the benefit of any private shareholder.	ed for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units a enants.
	Lower-Income Households, is also required to be filed with the Assess and Taxation Code for those tribes or tribally designated housing entitie
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours fo <mark>r</mark> 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
	()
CEF	TIFICATION
	f the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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