EF-237-R04-0518-55000106-1 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	of the property described
1. That as	
	(officer)
2. of the	
(name of tr	ibe or tribally designated housing entity)
	give complete mailing address)
4. the location of the property for which exemption is claimed is	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 applica charged do not exceed the limits provided in section 50053 o	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached <i>v</i> it.
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 requinure to the benefit of any private shareholder. 	ired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally 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 (Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CE	RTIFICATION
I certify (or declare) under penalty of perjury under the laws	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
	TITLE DATE

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