EF-237-R04-0518-58000114-1 BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

State of California, County of				
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally desi	ignated housing, owner and/or entity,	of the property described	
1. That as				
		(officer)		
2. of the	(name of tribe or tril	bally designated housing entity)		
3. the mailing address of which is		plete mailing address)	ZIP	
4. the location of the property for which exem				
			ZIP	
	(give complete address)	General survey and the langest		
5. That this claim for exemption is made for the			property described above.	
charged do not exceed the limits provided i	ty Code or applicable fe in section 50053 of the F claimant affirming that th	deral, state, or local fina lealth and Safety Code o	s who are persons of low income as defined incial assistance agreements and the rents or applicable federal, state, or local financial rents do not exceed those limits is attached.	
7. That the property is owned and operated b	oy an owner	operator ow	ner/operator	
[ ] a federally recognized tribe (documen	itation required for first t	time filers)		
<ul> <li>a tribally designated housing entity (do inure to the benefit of any private share)</li> </ul>		or first time filers) which is	s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreemen occupied by or held for occupancy by qual			that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BO under the provisions of sections 251 and 2 filing BOE-237, Exemption of Low-Income	54 of the Revenue and		s also required to be filed with the Assessor tribes or tribally designated housing entities	
FOR ASSESSOR'S USE ON	ILY		e contact during normal business	
		nours id	r additional information?	
Received by	e) (e	NAME		
of (county or city)	٩	ADDRESS (street, city, state, zip code)		
on				
(date)	Ē	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	(	)		
	CERTIFI	CATION		
I certify (or declare) under penalty of perju				
including any accompanying statements		-		
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE	

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