EF-237-R04-0518-02000233-1 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.



David Peets Alpine County Assessor/Recorder 50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of	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	ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 	and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
inure to the benefit of any private shareholder.8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income	uired for first time filers) which is nonprofit and no part of those net earnings Ily binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor is and Taxation Code for those tribes or tribally designated housing entities Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
CE	ERTIFICATION
	s of the State of California that the foregoing and all information hereon, 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.