EF-237-R04-0518-05000030-1 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.



Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

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 designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is a	(give complete mailing address)
(give comp	lete address)
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 of charged do not exceed the limits provided in section	housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached ne affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation re	quired for first time filers)
 a tribally designated housing entity (documenta inure to the benefit of any private shareholder. 	tion required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low	er legally binding document requiring that at least 30% of the housing units are <i>i</i> -income tenants.
	ousing — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities busing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of (county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, ments, 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.