EF-237-R04-0518-06000023-1 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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of			
(name of person making claim)	y		
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	f tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
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 prop	erty described above.	
6. 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 assistance agreements. An affidavit by the claimant affirmin The exemption cannot be allowed without the income affid	cable federal, state, or local financial of the Health and Safety Code or ap g that the tenants' income <mark>s</mark> and rents	as <mark>sis</mark> tance agreements and the rents bli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an owned	r operator owner/o	operator	
[] a federally recognized tribe (documentation required f	or first time filers)		
 a tribally designated housing entity (documentation req inure to the benefit of any private shareholder. 	uired for first time filers) which is non	profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filing BOE-237, Exemption of Low-Income Tribal Housing. 			
FOR ASSESSOR'S USE ONLY		tact during normal business	
	hours for add	litional information?	
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER EMA	AILADDRESS	
	()		
C	ERTIFICATION		
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents,			
SIGNATURE OF PERSON MAKING CLAIM			

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