EF-237-R04-0518-46000160-1 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.



Ms. Laura Marshall Sierra County Assessor 100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

(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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is a		ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased prope	rty described above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incon	housing and related facilities for tenants who a or applicable federal, state, or local financial a 50053 of the Health and Safety Code or appl affirming that the tenants' incomes and rents d	are persons of low income as defined assistance agreements and the rents icable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	perator	
[] 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. 2. That there is a dead matrix time are stated as a filled. 			
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low		t least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho	Revenue and Taxation Code for those tribes of ousing.	or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		act during normal business tional 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 EMAIL	ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or docu			
SIGNATURE OF PERSON MAKING CLAIM			

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

