EF-237-R03-0208-53000345-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

P.O. Box 1255

Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
1. That as	
	(officer)
2. of the	ribe 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 is	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as define ble federal, state, or local financial assistance agreements and the rent f the Health and Safety Code or applicable federal, state, or local financia 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
[] a federally recognized tribe (documentation required for	first time filers)
[] a tribally designated housing entity (documentation requinure to the benefit of any private shareholder.	ired for first time filers) which is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income 	binding document requiring that at least 30% of the housing units ar tenants.
	- Lower-Income Households, is also required to be filed with the Assesse and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
1/	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERTIFICATION	
	of the State of California that the foregoing and all information hereon, 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.

