EF-237-R04-0518-55000161-1 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.



Tuolumne County Assessor - Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

(name of person making c	aim) ,	
who is filing this claim as, or on behalf of herein, states:	the	ing, owner and/or entity) of the property described
1. That as		
	(officer)	
2. of the		
	(name of tribe or tribally designat	ted housing entity)
 the mailing address of which is the location of the property for which e 	(give complete mailing a	address) ZIP
		ZIP
	(give complete address)	
5. That this claim for exemption is made		ar on the leased property described above.
in section 50079.5 of the Health and s charged do not exceed the limits provi	Safety Code or applicable federal, sta ded in section 50053 of the Health an the claimant affirming that the tenants	cilities for tenants who are persons of low income as define ate, or local financial assistance agreements and the rent ad Safety Code or applicable federal, state, or local financia ts' incomes and rents do not exceed those limits is attached
7. That the property is owned and opera	ted by an owner opera	ator owner/operator
[] a federally recognized tribe (docu	imentation required for first time filers	s)
[] a tribally designated housing entit inure to the benefit of any private		ne filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agre occupied by or held for occupancy by		iment requiring that at least 30% of the housing units ar
	nd 254 of the Revenue and Taxation of ome Tribal Housing.	e Households, is also required to be filed with the Assesso Code for those tribes or tribally designated housing entitie
FOR ASSESSOR'S US		hom should we contact during normal business
Received by		hours fo <mark>r</mark> additional information?
(Assessor's d	esignee) NAME	
of (county or city)	ADDRESS (str	treet, city, state, zip code)
on		
(date)		ONE NUMBER EMAIL ADDRESS
)
	CERTIFICATION	
		California that the foregoing and all information hereon, 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.

