EF-237-R04-0518-55000134-1 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 claim) | 1 | |
|---|---|---|
| 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) | |
| the mailing address of which is | (give complete mailing address) claimed is | ZIP |
| 5. That this claim for exemption is made for the 20 | 20 fiscal year on the leased prope | erty described above. |
| 6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sectior assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incor | or applicable federal, state, or local financial 1 50053 of the Health and Safety Code or app affirming that the tenants' incomes and rents (| as <mark>sis</mark> tance agreements and the rents li <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia |
| 7. That the property is owned and operated by an | owner operator owner/o | 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. | | profit 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 | | it 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 He | Revenue and Taxation Code for those tribes | |
| FOR ASSESSOR'S USE ONLY | | tact during normal business itional information? |
| Received by | NAME | |
| of (county or city) | ADDRESS (street, city, state, zip code) | |
| on | | |
| | DAYTIME PHONE NUMBER EMA | ILADDRESS |
| | () | |
| | CERTIFICATION | |
| I certify (or declare) under penalty of perjury under including any accompanying statements or docu | the laws of the State of California that the for | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE |

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