EF-237-R04-0518-55000090-1 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)	,				
who is filing this claim as, or on behalf of, the herein, states:		(tribe or tribally de	(tribe or tribally designated housing, owner and/or entity)		the property described	
1. That as						
			(officer)			
2. of the	of the					
(name of tribe or tribally designated housing entity)						
 the mailing address the location of the pr 	roperty for which exemption is		mplete mailing address)	S	_ ZIP	
5. That this claim for ex	cemption is made for the 20_	- 20	fiscal year on the lease	ed property descr	ibed above.	
in section 50079.5 o charged do not exce assistance agreemer	the housing are used for rent f the Health and Safety Code ed the limits provided in secti nts. An affidavit by the claiman of be allowed without the inc	e or applicable t on 50053 of the n <mark>t a</mark> ffirming that	ederal, state, or local fir Health and Safety Code	nancial as <mark>sis</mark> tanc e or appli <mark>cable fe</mark> o	e agreements and the rents deral, state, or local financial	
7. That the property is a	owned and operated by an	owner	operator o	owner/operator		
[] a federally reco	gnized tribe (documentation	required for first	time filers)			
	ated housing entity (documer lefit of any private shareholde		for first time filers) which	is nonprofit and i	no part of those net earnings	
	d res <mark>triction, agreement,</mark> or o for occupancy by qualifying b			g th <mark>at a</mark> t least 30	% of the housing units are	
under the provisions filing BOE-237, Exer	mental Affidavit for BOE-237, of sections 251 and 254 of th mption of Low-Income Tribal SSESSOR'S USE ONLY	ne Revenue and	Taxation Code for those	e tribes or tribally		
FOR A	SSESSOR S USE UNLI			fo <mark>r</mark> additional in		
Received by	(Assessor's designee)		NAME			
of(county or city)			ADDRESS (street, city, state, zip code)			
on	(date)					
			DAYTIME PHONE NUMBER	EMAIL ADDRESS		
			()			
		CERTIF	ICATION			
	under penalty of perjury unde ompanying statements or do					
SIGNATURE OF PERSON MAKING	G CLAIM		TITLE		DATE	

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