EF-237-R04-0518-58000166-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	be or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	me of tribe or tribally designated housing entity)
 the mailing address of which is	(give complete mailing address)
(give complete a	ZIP
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50	using and related facilities for tenants who are persons of low income as define oplicable federal, state, or local financial assistance agreements and the rer 053 of the Health and Safety Code or applicable federal, state, or local financ ming that the tenants' incomes and rents do not exceed those limits is attache affidavit.
7. That the property is owned and operated by an 🗌 ow	vner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is nonprofit and no part of those net earnin
 That there is a deed restriction, agreement, or other l occupied by or held for occupancy by qualifying low-inc 	egally binding document requiring that at least 30% of the housing units a come tenants.
	<i>ing</i> — Lower-Income Households, is also required to be filed with the Assess venue and Taxation Code for those tribes or tribally designated housing entiting.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
ON(<i>date</i>)	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, nts, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	

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