EF-237-R04-0518-06000430-1 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.



Arnold Gross Jr. Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of	_	
(name of person making claim)	,	
who is filing this claim as or on behalf of the	ally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	pe or tribally designated housing entity)	
		ZIP
3. the mailing address of which is	ve complete mailing address)	
4. the location of the property for which exemption is claimed is		
(give complete address)		ZIP
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 applicat charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming t The exemption cannot be allowed without the income affidavit	ind related facilities for tenants ble federal, state, or local finar the Health and Safety Code o hat the tenants' incomes and re	who are persons of low income as defined ncial assistance agreements and the rents r applicable federal, state, or local financia
7. That the property is owned and operated by an owner	operator ow	ner/operator
[] a federally recognized tribe (documentation required for	first time filers)	
[] a tribally designated housing entity (documentation requir inure to the benefit of any private shareholder.	red for first time filers) which is	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t		hat at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. 		
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		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
CER	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is		

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM