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

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 herein, states: | (tribe or tribally desi | ignated housing, owner and/or entity) | of | the property described |
| 1. That as | | | | |
| | | (officer) | | |
| 2. of the | (nounce of twike are twi | | | |
| | (name of tribe or tri | bally designated housing entity) | | |
| 3. the mailing address of which is | (give com | plete mailing address) | | ZIP |
| 4. the location of the property for which exemption | on is claimed is | | | |
| | | | | _ ZIP |
| (gi | ive complete address) | | | |
| 5. That this claim for exemption is made for the | 20 20 : | fiscal year on the leased p | roperty descri | bed above. |
| 6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in s assistance agreements. An affidavit by the clai The exemption cannot be allowed without the | Code or applicable fe ection 50053 of the I mant affirming that the | ederal, state, or local finan Health and Safety Code or | cial assistance applicable fed | e agreements and the rents eral, state, or local financial |
| 7. That the property is owned and operated by a | n owner | operator own | er/operator | |
| [] a federally recognized tribe (documentat | ion required for first | time filers) | | |
| [] a tribally designated housing entity (document in the benefit of any private shareh | | or first time filers) which is r | nonprofit and n | o part of those net earnings |
| 8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifying | | | nat at least 30 | % of the housing units are |
| BOE-237-A, Supplemental Affidavit for BOE-2 under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tri. | of the Revenue and | | | |
| FOR ASSESSOR'S USE ONLY | , | Whom should we contact during normal business hours for additional information? | | |
| Received by | | NAME | | |
| of(county or city) | | ADDRESS (street, city, state, zip code) | | |
| (5 | - | | | |
| On(date) | | | | |
| | Ē | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | (|) | | |
| | CERTIFI | CATION | | |
| I certify (or declare) under penalty of perjury under including any accompanying statements of | ınder the laws of the | State of California that the | | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE |
| <u>r</u> | | <u> </u> | | <u> </u> |

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

