EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

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			
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption	on is claimed is		
	ve complete address)	ZIP	
5. That this claim for exemption is made for the 2	20 20 fiscal year on the leased	I property described above.	
6. That at least 30% of the housing are used for r 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 federal, state, or local fina ection 50053 of the Health and Safety Code mant affirming that the tenants' incomes and	ancial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by a	n owner operator ov	vner/operator	
[] a federally recognized tribe (documentati	on required for first time filers)		
[] a tribally designated housing entity (docur inure to the benefit of any private sharehous	nentation required for first time filers) which is older.	s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifyir		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-2 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tril	of the Revenue and Taxation Code for those		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	nouisic		
Received by	NAME		
of			
(county or city)	ADDRESS (street, city, state, zip coo	_ ADDRESS (street, city, state, zip code)	
on			
(date)			
		EMAIL ADDRESS	
I certify (or declare) under penalty of perjury u	CERTIFICATION	the foregoing and all information bereon	
	documents, is true, correct and complete to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

