EF-237-R03-0208-55000257-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

T 2 S P F

Ken Caetano 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	(tribe or tribally des	ignated housing, owner and/or entity)	of the property described	
1. That as				
		(officer)		
2. of the	(name of tribe or t	ribally designated housing entity)		
3. the mailing address of which is	(give con	nplete mailing address)	ZIP	
4. the location of the property for which exemption				
(give a	complete address)		ZIP	
5. That this claim for exemption is made for the 20	- 20	fiscal year on the leased p	roperty described above.	
5. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coccharged do not exceed the limits provided in secrassistance agreements. An affidavit by the claims The exemption cannot be allowed without the in	de or applicable for tion 50053 of the ant affirming that t	ederal, state, or local finand Health and Safety Code or	cial assistance agreements and the rent applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner	operator own	er/operator	
[] a federally recognized tribe (documentation	required for first	time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold		or first time filers) which is r	nonprofit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 			nat at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tribal 	the Revenue and			
FOR ASSESSOR'S USE ONLY			contact during normal business additional information?	
Received by		NAME		
of(county or city)		ADDRESS (street, city, state, zip code)		
(county of only)				
on				
		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
	CERTIFI			
I certify (or declare) under penalty of perjury und including any accompanying statements or de				
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE	

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

