EF-237-R04-0518-55000207-1 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.



Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

State of California, County of		Email: assessor@tuolumnecounty.ca.gov			
		,			
(name of person making claim)					
who is filing this claim as, or on behalf of, the herein, states:	(tribe or triba	lly designated l	nousing, owner and/	'or entity)	of the property described
1. That as					
		(offic	er)		
2. of the	(name of trib	e or tribally des	ignated housing ent	tity)	
3. the mailing address of which is	(ai)	ve complete ma	iling address)		ZIP
4. the location of the property for which exemptior					
					710
(give	complete address)				ZIP
5. That this claim for exemption is made for the 20				eased prope	erty described above.
6. That at least 30% of the housing are used for re in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the in	de or applicat ction 50053 of ant affirming tl	le federal the Health hat the ten	, state, or loca and Safety C	al financial a Code or app	assistance agreements and the ren licable federal, state, or local financi
7. That the property is owned and operated by an	owner	o l	perator	owner/o	perator
[] a federally recognized tribe (documentation	n required for	first time fi	lers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehol		ed for first	time filers) wl	hich is nonp	rofit and no part of those net earning
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			ocument requ	uiring that a	t least 30% of the housing units a
 BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue				
FOR ASSESSOR'S USE ONLY		1			tact during normal business
			hou	urs for add	itional information?
Received by		NAME			
of (county or city)		ADDRES	S (street, city, state,	zip code)	
ON(date)					
		DAYTIME	PHONE NUMBER	EMAI	IL ADDRESS
		()		
	CED	TIFICATIO	אר		
			21 N		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE					
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.							