EF-237-R03-0208-03000715-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

State of California, County of	- FAA. (209) 223-0721	
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the		of the property described
herein, states: (tribe or tribal	lly designated housing, owner and/or entity)	
1. That as		
	(officer)	
2. of the	ne or tribally designated housing entity)	
3. the mailing address of which is		ZIP
(giv	ve complete mailing address)	
4. the location of the property for which exemption is claimed is		
(give complete address)		ZIP
(give complete address)		
5. That this claim for exemption is made for the 20 20	fiscal year on the leased prope	rty described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit.	ole federal, state, or local financial a the Health and Safety Code or appli- nat the tenants' incomes and rents d	assistance agreements and the rents icable federal, state, or local financial
7. That the property is owned and operated by an owner	operator owner/op	perator
[] a federally recognized tribe (documentation required for	first time filers)	
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which is nonpr	rofit 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 to		t least 30% of the housing units are
9. 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 addi	tional information?
Received by	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
On		
	DAYTIME PHONE NUMBER EMAIL	ADDRESS
	()	
	TIFICATION	
I certify (or declare) under penalty of perjury under the laws o including any accompanying statements or documents, is to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

