EF-237-R03-0208-03000599-1 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		FA	A. (209) 223 -0 721
(name of person making claim)		,	
who is filing this claim as, or on behalf of, the herein, states:	aim as, or on behalf of, the of the property de		of the property described
1. That as			
		(officer)	
2. of the	(name of tribe o	r tribally designated housing entity)	
3. the mailing address of which is			ZIP
4. the location of the property for which exempti		-	
	ive complete address)		ZIP
5. That this claim for exemption is made for the			
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety (charged do not exceed the limits provided in s assistance agreements. An affidavit by the cla The exemption cannot be allowed without the	Code or applicable section 50053 of the imant affirming that	federal, state, or local finance Health and Safety Code or	ncial assistance agreements and the rent rapplicable federal, state, or local financia
7. That the property is owned and operated by a	an owner	operator own	ner/operator
[] a federally recognized tribe (documentat	ion required for fire	st time filers)	
 a tribally designated housing entity (docu inure to the benefit of any private shareh 		for first time filers) which is	nonprofit and no part of those net earning
That there is a deed restriction, agreement, occupied by or held for occupancy by qualifyi			hat 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 an		
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)	
on(date)			
(-2)		DAYTIME PHONE NUMBER	EMAIL ADDRESS
		()	
		FICATION	
I certify (or declare) under penalty of perjury of including any accompanying statements of			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE

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

