EF-237-R04-0518-03000179-1 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.



## **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					
(name of person making claim)	•				
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally des	signated housing, owner and/or entity)	of	the property described	
1. That as					
		(officer)			
2. of the					
	(name of tribe or tr	ibally designated housing entity)			
3. the mailing address of which is	(aive con	nplete mailing address)		ZIP	
4. the location of the property for which exemption	,,	, , ,			
				_ ZIP	
	e complete address)	figured water on the largest n	roporty doori	had above	
5. That this claim for exemption is made for the 2			•		
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in seassistance agreements. An affidavit by the claim The exemption cannot be allowed without the interpretation.	ode or applicable fection 50053 of the nant affirming that t	ederal, state, or local finand Health and Safety Code or	cial assistance applicable fed	e agreements and the rents leral, state, or local financial	
7. That the property is owned and operated by an owner operator owner/operator					
[ ] a federally recognized tribe (documentation	n required for first	time filers)			
[ ] a tribally designated housing entity (docum inure to the benefit of any private shareho		or first time filers) which is r	nonprofit and n	o part of those net earnings	
8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying			nat at least 30	% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Trib.</li> </ol>	f the Revenue and				
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)			I		
		DAYTIME PHONE NUMBER	EMAIL ADDRESS		
	CERTIFI	CATION			
I certify (or declare) under penalty of perjury ur including any accompanying statements or o					
SIGNATURE OF PERSON MAKING CLAIM		TITLE	500t of fifty f	DATE	