EF-237-R04-0518-06000516-1 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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of	_	
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	ly designated housing, owner and/or entit	$\frac{1}{y}$ of the property described
1. That as		
	(officer)	
2. of the	e or tribally designated housing entity)	
3. the mailing address of which is		ZIP
(giv	e complete mailing address)	
4. the location of the property for which exemption is claimed is		
(give complete address)		ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the lease	d property described above
 That at least 30% of the housing are used for rental housing are in section 50079.5 of the Health and Safety Code or applicab 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. 	nd related facilities for tenant le federal, state, or local fina the Health and Safety Code nat the tenants' incomes and	ts who are persons of low income as defined ancial assistance agreements and the rents or applicable federal, state, or local financia
7. That the property is owned and operated by an owner operator owner/operator		
[] a federally recognized tribe (documentation required for	irst time filers)	
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which i	is nonprofit 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		that at least 30% of the housing units are
 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 additional information?	
Received by(Assessor's designee)	NAME	
of (county or city)	ADDRESS (street, city, state, zip code)	
on		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CER	TIFICATION	
I certify (or declare) under penalty of perjury under the laws o including any accompanying statements or documents, is t		

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE

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