EF-237-R04-0518-06000350-1 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	pally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	ibe or tribally designated housing entity)		
3. the mailing address of which is		ZIP	
	give complete mailing address)	ZII	
4. the location of the property for which exemption is claimed is	3		
(give complete address)		ZIP	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	roperty described above.	
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 o assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidavit	able federal, state, or local finance of the Health and Safety Code or that the tenants' incomes and rea	cial assistance agreements and the rents 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	r first time filers)		
 a tribally designated housing entity (documentation requinure to the benefit of any private shareholder. 	ired for first time filers) which is n	onprofit 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		at 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	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
L			
CE	RTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM