EF-237-R04-0518-22000290-1 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.



Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
	of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claime	d is
	ZIP
(give complete add	<u>, </u>
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or appropriate charged do not exceed the limits provided in section 5009.	ng and related facilities for tenants who are persons of low income as define licable federal, state, or local financial assistance agreements and the rendered of the Health and Safety Code or applicable federal, state, or local financing that the tenants' incomes and rents do not exceed those limits is attached davit.
7. That the property is owned and operated by an owr	er operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
[] a tribally designated housing entity (documentation r inure to the benefit of any private shareholder.	equired for first time filers) which is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco	gally binding document requiring that at least 30% of the housing units arme tenants.
	g — Lower-Income Households, is also required to be filed with the Assessanue and Taxation Code for those tribes or tribally designated housing entities.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Descived by	nouro for additional information.
Received by	NAME
-f	
Of(county or city)	ADDRESS (street, city, state, zip code)
00	-
ON(date)	-
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon, s, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	Title Date
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