EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

who is filing this claim as, or on behalf of, the		of the property described	
herein, states:	(tribe or tribally designated housing, owner and/or entity)		
1. That as			
	(officer)		
2. of the			
	(name of tribe or tribally designated housing entity)		
the mailing address of which is	(give complete mailing address)	ZIP	
 the location of the property for which exemption i 	is claimed is		
		ZIP	
(give c	omplete address)		
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for reminister in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income section.	le or applicable federal, state, or local financia ion 50053 of the Health and Safety Code or ap int affirming that the tenants' incomes and rents	al assistance agreements and the re- oplicable federal, state, or local finance	
7. That the property is owned and operated by an	owner operator owner	/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
[] a tribally designated housing entity (document inure to the benefit of any private sharehold	ntation required for first time filers) which is nor	nprofit and no part of those net earnin	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying l 		at least 30% of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those tribe		
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)	ADDRESS (street, city, state, zip code)	
ON(<i>date</i>)			
	DAYTIME PHONE NUMBER EN	MAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or dc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

