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	
	in, states: (tr	ibe or tribally designated housing, owner and/or entity)		
1. TI	hat as			
	(officer)			
2. of	the			
3. th	e mailing address of which is	(give complete mailing address)	ZIP	
4. th	e location of the property for which exemption is clai	med is		
	(give complete	address)	ZIP	
5. TI	hat this claim for exemption is made for the 20	- 20 fiscal year on the leased p	property described above.	
in cł as	That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.			
7. TI	. 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 (documentation inure to the benefit of any private shareholder.	ו required for first time filers) which is	nonprofit and no part of those net earnings	
	at there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are cupied by or held for occupancy by qualifying low-income tenants.			
u	OE-237-A, Supplemental Affidavit for BOE-237, Hous nder the provisions of sections 251 and 254 of the Re ing BOE-237, Exemption of Low-Income Tribal Hous	evenue and Taxation Code for those tr		
	FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
		hours for	additional information?	
Re	Assessor's designee)	NAME		
of				
OT (county or city) ADDRESS (street, city, state, zip code)				
on				
	(date)			
		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
	antify (ar dealars) under seastly of seriors under the	CERTIFICATION	a faragaing and all information bargan	
10	certify (or declare) under penalty of perjury under the including any accompanying statements or docume			
SIGNA	TURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

