EF-237-R03-0208-25000587-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Cheri Budmark **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237

(name of person making claim) Who is filing this claim as, or on behalf of, the	of the property described
	of the property described
who is filing this claim as or on bohalf of the	of the property described
nerein, states:	in diffusion of they
1. That as	
(officer)	
2. of the	sing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claimed is	
	ZIP
(give complete address)	
5. That this claim for exemption is made for the 20 20 fiscal year on the	he leased property described above.
5. That at least 30% of the housing are used for rental housing and related facilities f in section 50079.5 of the Health and Safety Code or applicable federal, state, or charged do not exceed the limits provided in section 50053 of the Health and Safe assistance agreements. An affidavit by the claimant affirming that the tenants' inco The exemption cannot be allowed without the income affidavit.	local financial assistance agreements and the rents ety Code or applicable federal, state, or local financial
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 (documentation required for first time filers inure to the benefit of any private shareholder.	s) which is nonprofit and no part of those net earnings
3. That there is a deed restriction, agreement, or other legally binding document occupied by or held for occupancy by qualifying low-income tenants.	requiring that at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income House under the provisions of sections 251 and 254 of the Revenue and Taxation Code filing BOE-237, Exemption of Low-Income Tribal Housing. 	
FOR ASSESSOR'S USE ONLY Whom s	should we contact during normal business hours for additional information?
Received by	
Of	state, zip code)
on	
DAYTIME PHONE NUM	MBER EMAIL ADDRESS
()	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of Califo including any accompanying statements or documents, is true, correct and co.	
SIGNATURE OF PERSON MAKING CLAIM	DATE

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

