EF-237-R03-0208-53000692-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Deanna L. Bradford County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty of

State of California, County of	assessor@trinitycounty.org	
(name of person making claim)	 ,	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity) of the property des	scribed
1. That as		
2. of the	(officer)	
2. 01 tile	(name 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	s claimed is	
(aive cor	mplete address)	
	, picto dell'obe	
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 charged do not exceed the limits provided in section	al housing and related facilities for tenants who are persons of low income or applicable federal, state, or local financial assistance agreements are no 50053 of the Health and Safety Code or applicable federal, state, or local taffirming that the tenants' incomes and rents do not exceed those limits ome affidavit.	nd the rents cal financial
7. That the property is owned and operated by an	owner operator owner/operator	
[] a federally recognized tribe (documentation r	required for first time filers)	
 a tribally designated housing entity (document inure to the benefit of any private shareholde 	tation required for first time filers) which is nonprofit and no part of those ner.	et earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo	ther legally binding document requiring that at least 30% of the housing ow-income tenants.	ig units are
	Housing — Lower-Income Households, is also required to be filed with the Revenue and Taxation Code for those tribes or tribally designated house Housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal busin hours for additional information?	iess
Received by		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on(date)		
	DAYTIME PHONE NUMBER EMAIL ADDRESS	
	()	
	CERTIFICATION	
	er the laws of the State of California that the foregoing and all information cuments, is true, correct and complete to the best of my knowledge and b	
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE	,onor.

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

