EF-237-R03-0208-53000778-1 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

State of California, County of	assessor@trinitycounty.org
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	ibe or tribally designated housing, owner and/or entity) of the property described
1. That as	
2 of the	(officer)
2. of the	
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is cla	
(give complete	address) ZIP
- Good Complete	
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 a charged do not exceed the limits provided in section 5	using and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial irming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requ	red for first time filers)
 a tribally designated housing entity (documentatio inure to the benefit of any private shareholder. 	n required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-ir	legally binding document requiring that at least 30% of the housing units are come tenants.
	sing — Lower-Income Households, is also required to be filed with the Assessor evenue and Taxation Code for those tribes or tribally designated housing entities sing.
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)
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	(
	CERTIFICATION e laws of the State of California that the foregoing and all information hereon,
	ents, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

