EF-237-R03-0208-53000668-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## Shanna White County Clerk-Recorder-Assessor

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

| 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 de                                      | of the property described of the property described    |  |
| 1. That as   |  |  |  |
|  |  | (officer)  |  |
| 2. of the  | (name of tribe or  | ribally designated housing entity)                     |  |
| 3. the mailing address of which is   | (give co   | nplete mailing address)                                | ZIP  |
| 4. the location of the property for which exemption  | n is claimed is  |  |  |
| Colo   | re complete address)                                       |  | ZIP  |
|  | e complete address)  |  |  |
| 5. That this claim for exemption is made for the 2   | 20 20  | fiscal year on the leased                              | property described above.  |
| 6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety C charged do not exceed the limits provided in seassistance agreements. An affidavit by the clair The exemption cannot be allowed without the | ode or applicable fection 50053 of the mant affirming that | ederal, state, or local fina<br>Health and Safety Code | ancial assistance agreements and the rents or applicable federal, state, or local financial  |
| 7. That the property is owned and operated by an   | n owner  | operator ov  | wner/operator  |
| [ ] a federally recognized tribe (documentation  | on required for first                                      | time filers)   |  |
| <ul> <li>a tribally designated housing entity (docume in the benefit of any private sharehous)</li> </ul>  |  | or first time filers) which is                         | s nonprofit and no part of those net earnings  |
| 8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifyin   |  |  | that at least 30% of the housing units are   |
| 9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Trib   | of the Revenue and   |  |  |
| FOR ASSESSOR'S USE ONLY  |  |  | e contact during normal business<br>or additional information?   |
| Received by  |  |  |  |
| (Assessor's designee)  |  | NAME   |  |
| of(county or city)   |  | ADDRESS (street, city, state, zip cod                  | de)  |
| on   |  |  | _  |
| (date)   |  | DAYTIME PHONE NUMBER                                   | EMAIL ADDRESS  |
|  |  | ( )  |  |
|  | CERTIF   | ICATION  |  |
| I certify (or declare) under penalty of perjury un<br>including any accompanying statements or   |  |  |  |
| SIGNATURE OF PERSON MAKING CLAIM   | uocumento, is true   | TITLE  | DATE DESCRIPTION RELIGIONS OF THE DESCRIPTION OF TH |
| <b>L</b>   |  | 1  |  |

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

