EF-237-R03-0208-53000600-1 BOE-237 REV. 03 (02-08)

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

Shanna Wh County Clei P.O. Box 1255 Weaverville, CA Phone: (530) 623 Fax: (530) 623

Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.or

State of California, County of		assessor@trinitycounty.org	
(name of person making claim)			
who is filing this claim as, or on behalf of, the	y designated housing, owner and/or entity) of the property described		
1. That as			
2 of the	(officer)		
2. of the	ribe or tribally designated housing entity)		
3 the mailing address of which is		ZIP	
4. the location of the property for which exemption is claimed is	5		
(give complete address)		ZIP	
(give complete address)			
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased p	property described above.	
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida	able federal, state, or local finar of the Health and Safety Code on that the tenants' incomes and re	icial assistance agreements and the rents rapplicable federal, state, or local financial	
7. That the property is owned and operated by an owner	operator own	ner/operator	
[ ] a federally recognized tribe (documentation required fo	r first time filers)		
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	ired for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income		hat at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filling BOE-237, Exemption of Low-Income Tribal Housing.			
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business		
	nours for	additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
(county or city)			
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	RTIFICATION	a favoration and -II information	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

