EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.4



Shanna White County Clerk-Recorder-Assessor

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

State of California, County of			
(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 described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption			
(qive ci	omplete address)	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased pr	operty described above.	
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income.	le or applicable federal, state, or local financ ion 50053 of the Health and Safety Code or a ant affirming that the tenants' incomes and rer	ial assistance agreements and the rents applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owne	er/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

