## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Kaenan Whitman Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

(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			
(oive	e complete address)	ZIP	
5. That this claim for exemption is made for the 20	0 20 fiscal year on the leased pro	perty described above.	
charged do not exceed the limits provided in se	ode or applicable federal, state, or local financia ction 50053 of the Health and Safety Code or ap nant affirming that the tenants' incomes and rents	I assistance agreements and the rents oplicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner	/operator	
[ ] a federally recognized tribe (documentatio	n required for first time filers)		
<ul> <li>a tribally designated housing entity (docum inure to the benefit of any private sharehol</li> </ul>	entation required for first time filers) which is nor lder.	nprofit and no part of those net earning	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units are	
9. BOE-237-A, <i>Supplemental Affidavit for BOE-23</i> under the provisions of sections 251 and 254 of filing BOE-237, <i>Exemption of Low-Income Triba</i>	f the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Descived by			
Received by(Assessor's designee)	NAME		
of			
of (county or city)	ADDRESS (street, city, state, zip code)		
an			
ON(date)			
	DAYTIME PHONE NUMBER	IAIL ADDRESS	
L certify (or declare) under penalty of perium un	CERTIFICATION Inder the laws of the State of California that the fu	oregoing and all information bereon	
	documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM IS A	A PUBLIC RECORD AND IS SUBJECT TO PU	BLIC INSPECTION.	

