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) | | |
| a tribally designated housing entity (docum inure to the benefit of any private sharehol | 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. | |
| | | | |

