EF-237-R04-0518-55000147-1 BOE-237 REV. 04 (05-18)

State of California, County of _

SIGNATURE OF PERSON MAKING CLAIM

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

DATE

<i>(name of person making claim)</i> who is filing this claim as, or on behalf of, the		of	the property described
nerein, states:	(tribe or tribally designated housing, ow	ner and/or entity)	
I. That as			
	(officer)		
2. of the	(name of tribe or tribally designated ho	using entity)	
3. the mailing address of which is			_ ZIP
C C	(give complete mailing addre	55)	
 the location of the property for which exemption 	is claimed is		
			_ZIP
	complete address)		
5. That this claim for exemption is made for the 20	20 fiscal year or	the leased property descr	ibed above.
5. That at least 30% of the housing are used for real in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the ir	de or applicable federal, state, tion 50053 of the Health and Sa ant affirming that the tenants' in	or local financial assistanc afety Code or applicable feo	e agreements and the rer deral, state, or local financ
7. That the property is owned and operated by an		owner/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		ers) which is nonprofit and ı	no part of those net earnin
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		t requiring that at least 30)% of the housing units a
 BOE-237-A, Supplemental Affidavit for BOE-233 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue and Taxation Cod		
FOR ASSESSOR'S USE ONLY	Whom	Whom should we contact during normal business hours for additional information?	
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, c	ity, state, zip code)	
ON(date)			
		IUMBER EMAIL ADDRESS	
	()		

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

TITLE