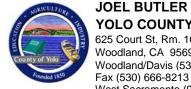
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



YOLO COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 www.yolocounty.org

(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 t	ribally designated housing entity)	
		nbany designated nousing entity)	710
3. the mailing address of which is	(give complete mailing address)		ZIP
4. the location of the property for which exem	ption is claimed is		
			ZIP
	(give complete address)		
5. That this claim for exemption is made for the	ne 20 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safet charged do not exceed the limits provided in assistance agreements. An affidavit by the of The exemption cannot be allowed without the	y Code or applicable f n section 50053 of the claimant affirming that t	ederal, state, or local finan Health and Safety Code or	cial assistance agreements and the rents applicable federal, state, or local financia
7. That the property is owned and operated b	y an 🗌 owner	operator own	er/operator
[] a federally recognized tribe (documen	tation required for first	time filers)	
[] a tribally designated housing entity (do inure to the benefit of any private shar		or first time filers) which is r	nonprofit and no part of those net earning
8. That there is a deed restriction, agreemer occupied by or held for occupancy by quali			nat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOB under the provisions of sections 251 and 25 filing BOE-237, Exemption of Low-Income	54 of the Revenue and		
		contact during normal business	
		hours for	additional information?
Received by(Assessor's designee)	NAME	
of		ADDRESS (street, city, state, zip code)	
(county or city)		···(·····, , ····, , ····, , ····,	
On			
		DAYTIME PHONE NUMBER	EMAIL ADDRESS
		()	
	CERTIF	CATION	1
I certify (or declare) under penalty of perjur including any accompanying statements	y under the laws of the	e State of California that the	
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE
· · · · · · · · · · · · · · · · · · ·			

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

