EF-237-R04-0518-02000199-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



David Peets Alpine County Assessor/Recorder 50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

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			
4. the location of the property for which exemption is	(give complete mailing address) claimed is	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sectio assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the inco	I housing and related facilities for tenants wh or applicable federal, state, or local financia n 50053 of the Health and Safety Code or a t affirming that the tenants' incomes and rent	no are persons of low income as defined al assistance agreements and the rents pplicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owner	/operator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
[] a tribally designated housing entity (documentation in the benefit of any private shareholder		nprofit and no part of those net earnings	
 That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying log 		t at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H 	e Revenue and Taxation Code for those tribe lousing.	es or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		ontact during normal business Iditional information?	
Received by			
(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER	MAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
	1		

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