EF-237-R04-0518-03000116-1 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.



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

| State of California, County of | |
|--|--|
| | |
| (name of person making claim) | , |
| who is filing this claim as, or on behalf of, the | tribally designated housing, owner and/or entity) of the property described |
| 1. That as | |
| | (officer) |
| 2. of the | |
| (name o | f tribe or tribally designated housing entity) |
| 3. the mailing address of which is | (give complete mailing address) |
| 4. the location of the property for which exemption is claimed | ZIP. |
| 5. That this claim for exemption is made for the 20 20 | fiscal year on the leased property described above. |
| in section 50079.5 of the Health and Safety Code or appli charged do not exceed the limits provided in section 50053 | g and related facilities for tenants who are persons of low income as define cable federal, state, or local financial assistance agreements and the rent s of the Health and Safety Code or applicable federal, state, or local financia ing that the tenants' incomes and rents do not exceed those limits is attached lavit. |
| 7. That the property is owned and operated by an owne | r operator owner/operator |
| [] a federally recognized tribe (documentation required to | for first time filers) |
| a tribally designated housing entity (documentation rec inure to the benefit of any private shareholder. | quired for first time filers) which is nonprofit and no part of those net earning |
| 8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom | ally binding document requiring that at least 30% of the housing units ar ne tenants. |
| | Lower-Income Households, is also required to be filed with the Assessor ue and Taxation Code for those tribes or tribally designated housing entitie |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business hours for additional information? |
| | |
| Received by(Assessor's designee) | NAME |
| of (county or city) | ADDRESS (street, city, state, zip code) |
| | |
| ON(date) | - |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | () |
| C | ERTIFICATION |
| | rs of the State of California that the foregoing and all information hereon, is true, correct and complete to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE DATE |
| | |
| THIS EXEMPTION CLAIM IS A PUBLIC F | RECORD AND IS SUBJECT TO PUBLIC INSPECTION. |