EF-237-R04-0518-05000066-1 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.



Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

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	(give complete mailing address) is claimed is	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased proper	rty described above.	
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the indication.	tal housing and related facilities for tenants who a le or applicable federal, state, or local financial a tion 50053 of the Health and Safety Code or appli ant affirming that the tenants' incomes and rents d	are persons of low income as defined issistance agreements and the rents icable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	perator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	ntation required for first time filers) which is nonpr er.	ofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal	the Revenue and Taxation Code for those tribes of <i>Housing</i> .	or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		act during normal business tional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
(
ON(date)			
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or do	ler the laws of the State of California that the fore ocuments, is true, correct and complete to the be		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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