EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Bob Buckner
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Colusa, CA 95932
(530) 458-0450

State of California, County of	CUFORNI	5, 135 5 155
otate of Gamornia, Gounty of	_	
(name of person making claim)	,	
who is filing this claim as or an habalf of the		of the property described
herein, states: (tribe or triball)	y designated housing, owner and/or entity)	or the property described
1. That as		
	(officer)	
2. of the	e or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is claimed is	e complete mailing address)	
		ZIP_
(give c <mark>om</mark> plete address)		
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for rental housing are in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit.	e federal, state, or local finan he Health and Safety Code or at the tenants' incomes and re	ncial as <mark>sistance a</mark> gree <mark>m</mark> ents and the rents r appli <mark>ca</mark> ble federal, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an owner	operator owr	ner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)	
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed fo <mark>r first ti</mark> me filers) which is	non <mark>pr</mark> ofit and <mark>no</mark> part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income te		hat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lunder the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing.		
FOR ASSESSOR'S USE ONLY	11110111 0110 0110	contact during normal business additional information?
Descrived by	Trouis for	additional information.
Received by(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on(date)		
(usis)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	FIFICATION	a favoration and all information to the
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

