EF-237-R04-0518-06000159-1 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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	bally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ribe or tribally designated housing entity)
3. the mailing address of which is	give complete mailing address)
4. the location of the prop <mark>ert</mark> y for which exemption is claimed is	
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 o assistance agreements. An affidavit by the claimant affirming	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rent of the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached
The exemption cannot be allowed without the income affidav	
 7. That the property is owned and operated by an owner a federally recognized tribe (documentation required for 	operator owner/operator
	ired for first time filers) which is nonprofit and no part of those net earning
	y binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessore e and Taxation Code for those tribes or tribally designated housing entities
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	
ON(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CEI	RTIFICATION
	of the State of California that the foregoing and all information hereon, s true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	

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