EF-237-R04-0518-11000274-1 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.



Sendy Perez Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

State of California, Cou	Inty of					
(na	me of person making claim)	,				
who is filing this claim as, herein, states:	, or on behalf of, the	(tribe or tribally des	ignated housing, owner and/or entity)	of	the property described	
1. That as						
			(officer)			
2. of the						
		(name of tribe or tri	ibally designated housing entity)			
3. the mailing address of	which is	(give com	nplete mailing address)		ZIP	
4. the location of the prop	perty for wh <mark>ich exemptio</mark> n i (give co	s claimed is			ZIP	
5. That this claim for exe	mption is made for the 20_	- 20	fiscal year on the leased p	roperty descri	bed above.	
 That at least 30% of th in section 50079.5 of t charged do not exceed assistance agreements 	e housing are used for rent the Health and Safety Code the limits provided in secti	al housing and re e or applicable fe ion 50053 of the nt affirming that t	elated facilities for tenants v ederal, state, or local finan Health and Safety Code or	who are persor cial assistance appli <mark>cable fed</mark>	ns of low income as defined agreements and the rents eral, state, or local financial eed those limits is attached.	
7. That the property is ow	vned and operated by an	owner	operator own	er/operator		
[] a federally recogr	nized tribe (documentation	required for first	time filers)			
	ed housing entity (documer fit of any private shareholde		or first time filers) which is r	nonprofit and n	o part of those net earnings	
	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.					
under the provisions of		he Revenue and			o be filed with the Assessor designated housing entities	
FOR AS	SESSOR'S USE ONLY				g normal business	
Possived by			hours for	additional inf	ormation?	
Received by	(Assessor's designee)	i	NAME			
of	(county or city)		ADDRESS (street, city, state, zip code)			
on	(date)					
	(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS		
			()			
			0.4710.11			
		CERTIFI	-			
	nder penalty of perjury unde mpanying statements or do					
SIGNATURE OF PERSON MAKING	CLAIM		TITLE		DATE	

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