EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION

P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231

State of California, County of		Fax: (415) 473-6255 www.marincounty.gov		
who is filing this claim as, or on beha herein, states:	If of the	ignated housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or tri	bally designated housing entity)		
3. the mailing address of which is	(nive con	pplete mailing address)		ZIP
4. the location of the property for wh				ZIP
5. That this claim for exemption is ma	ade for the 20 20	fiscal year on the leased p	roperty descri	bed above.
6. That at least 30% of the housing a in section 50079.5 of the Health a charged do not exceed the limits p assistance agreements. An affidav The exemption cannot be allowed	nd S <mark>afety C</mark> ode o <mark>r applicable fe</mark> rovided in section 50053 of the l it by the claimant affirming that t	ederal, state, or local finan Health and Safety Code or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agreem <mark>e</mark> nts and the rents leral, state, or local financial
7. That the property is owned and op	erated by an owner	operator own	er/operator	
[] a federally recognized tribe (c	documentation required for first	time filers)		
 a tribally designated housing of inure to the benefit of any private 		or first time fi <mark>le</mark> rs) which is r	nonprofit and n	part of those net earnings
8. That there is a deed restriction, a occupied by or held for occupancy			nat at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidav under the provisions of sections 28 filing BOE-237, Exemption of Low	51 and 254 of the Revenue and			
FOR ASSESSOR'S	USE ONLY		contact durin additional inf	g normal business formation?
Received by	or's designee)	NAME		
of(county or c	ty) 7	ADDRESS (street, city, state, zip code)		
on(date)				
(date)	ī	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
	CERTIFI	CATION		
I certify (or declare) under penalty including any accompanying st				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

