EF-237-R03-0208-22000223-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Becky Crafts** County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

State of California, County of	Fil. (209) 966-5719
(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	
0.11.	(name of tribe or tribally designated housing entity)
<ul><li>3. the mailing address of which is</li><li>4. the location of the property for which exemption is</li></ul>	claimed is  ZIP  plete address)
5 That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section.	al housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial taffirming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation i	equired for first time filers)
<ul> <li>a tribally designated housing entity (documen inure to the benefit of any private shareholde</li> </ul>	ration required for first time filers) which is nonprofit and no part of those net earnings r.
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying to	ther legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor e Revenue and Taxation Code for those tribes or tribally designated housing entities dousing.
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	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	r the laws of the State of California that the foregoing and all information hereon, numents, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

