EF-237-R03-0208-25000402-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Cheri Budmark **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237

State of California, County of	assessor@co.modoc.ca.us
(name of person making claim) who is filing this claim as, or on behalf of, the	, of the property described
herein, states: (tribe or triball	y designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
 3. the mailing address of which is	z complete mailing address) ZIP
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 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 s	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financial at 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 required for f	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed fo <mark>r first time file</mark> rs) which is non <mark>profit and 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	pin <mark>ding docume</mark> nt requiring that at least <mark>3</mark> 0% of the housing units are nants.
	nd 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	ADDRESS (street, city, state, zip code)
OT(county or city)	
on	
(uaie)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.

