EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

(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		
	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exempti	(give complete mailing address)	ZIP
5. That this claim for exemption is made for the	20 20 fiscal year on the leased proper	ty described above.
in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in s	rental housing and related facilities for tenants who a Code or applicable federal, state, or local financial a section 50053 of the Health and Safety Code or appli imant affirming that the tenants' incomes and rents do a income affidavit.	s <mark>sistance ag</mark> reements and the rents cable federal, state, or local financia
7. That the property is owned and operated by a	an owner operator owner/op	erator

[] a federally recognized tribe (documentation required for first time filers)

- [] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.
- 8. 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.
- BOE-237-A, Supplemental Affidavit for BOE-237, Housing Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, Exemption of Low-Income Tribal Housing.

FO	R 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				
I certify (or decla	are) under penalty of perjury under the law	s 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.

IGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

