EF-237-R04-0518-29000066-1 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.

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

DATE

IFO V

(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)	
2 the mailing address of which is		ZIP
 3. the mailing address of which is 4. the location of the property for which exemption 	(give complete mailing address) is claimed is complete address)	ZIP
5. That this claim for exemption is made for the 20		erty described above
 That at least 30% of the housing are used for reinin section 50079.5 of the Health and Safety Concharged do not exceed the limits provided in section. 	ntal housing and related facilities for tenants who de or applicable federal, state, or local financial ction 50053 of the Health and Safety Code or app ant affirming that the tenants' incomes and rents	are persons of low income as define assistance agreements and the rer licable federal, state, or local financ
7. That the property is owned and operated by an	owner operator owner/o	perator
[] a federally recognized tribe (documentation	n required for first time filers)	
inure to the benefit of any private sharehold		
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units a
 BOE-237-A, Supplemental Affidavit for BOE-233 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue and Taxation Code for those tribes	
FOR ASSESSOR'S USE ONLY		tact during normal business
Received by(Assessor's designee)	NAME	litional information?
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
(bate)	DAYTIME PHONE NUMBER EMA	ILADDRESS
	()	
	CERTIFICATION	
	der the laws of the State of California that the for	

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM