EF-237-R04-0518-46000170-1 BOE-237 REV. 04 (05-18)

State of California, County of \_\_\_\_\_

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Ms. Laura Marshall Sierra County Assessor 100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

(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			
4. the location of the property for which exemptio	(give complete mailing address) On is claimed is	ZIP	
5. That this claim for exemption is made for the 2	20 20 fiscal year on the leased prope	erty described above.	
<ol> <li>That at least 30% of the housing are used for in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in s</li> </ol>	rental housing and related facilities for tenants who a Code or applicable federal, state, or local financial a ection 50053 of the Health and Safety Code or appl mant affirming that the tenants' incomes and rents o	as <mark>sis</mark> tance agreements and the rents li <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by a	in owner operator owner/op	perator	
[ ] a federally recognized tribe (documentati	on required for first time filers)		
inure to the benefit of any private shareho 8. That there is a deed restriction, agreement,	or other legally binding document requiring that a		
	237, <i>Housing — Lower-Income Households</i> , is also of the Revenue and Taxation Code for those tribes bal Housing.	or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY Received by		tact during normal business itional information?	
(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER EMAI	LADDRESS	
	()		
	CERTIFICATION		
	under the laws of the State of California that the for r documents, is true, correct and complete to the be	• •	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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