EF-237-R04-0518-52000070-1 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.



## Kenneth L. Brown **County of Tehama Assessor**

444 Oak Street - Room B P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of the	of the property described or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ne 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 claim</li></ul>	(give complete mailing address)
(give complete ac	ZIP
	20 fiscal year on the leased property described above.
<ol> <li>That at least 30% of the housing are used for rental housin section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500</li> </ol>	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ning that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an ow	ner operator owner/operator
[ ] a federally recognized tribe (documentation require	d for first time filers)
[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time fi <mark>le</mark> rs) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco	egally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities g.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
Louistic (ou do lous) under the first in the state of the	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, ts, 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.

