EF-237-R03-0208-55000234-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Kaenan Whitman **Tuolumne County Assessor - Recorder**

2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

| State of California, County of | Email: assessor@tuolumnecounty.ca.gov |
|---|--|
| | |
| (name of person making claim) | |
| who is filing this claim as, or on behalf of, the | lly designated housing, owner and/or entity) of the property described |
| 1. That as | |
| | (officer) |
| 2. of the | be or tribally designated housing entity) |
| 3. the mailing address of which is | ve complete mailing address) |
| 4. the location of the property for which exemption is claimed is | ZIP |
| 5. That this claim for exemption is made for the 20 20 | fiscal year on the leased property described above. |
| in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of | nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial nat the tenants' incomes and rents do not exceed those limits is attached. t. |
| 7. That the property is owned and operated by an owner | operator owner/operator |
| [] a federally recognized tribe (documentation required for | first time filers) |
| a tribally designated housing entity (documentation requir inure to the benefit of any private shareholder. | ed for first time filers) which is nonprofit and no 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 to | binding document requiring that at least 30% of the housing units are enants. |
| | Lower-Income Households, is also required to be filed with the Assessor and 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 | NAME |
| of | ADDRESS (street, city, state, zip code) |
| (county or city) | |
| on | |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | |
| | TIFICATION f the State of California that the foregoing and all information hereon, |
| | 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.

