EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

State of California, County of		
(name of person making claim)	-1	
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity) of the property described	
1. That as		
	(officer)	
2. of the		
(name of tribe o	or tribally designated housing entity)	
3. the mailing address of which is	ZIP	
4. the location of the property for which exemption is claimed is (give complete address)	ZIP	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.	
6. That at least 30% of the housing are used for rental housing and in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the		ents ncial
7. That the property is owned and operated by an owner	operator owner/operator	
[] a federally recognized tribe (documentation required for fir	st time filers)	
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	d for <mark>first t</mark> ime fi <mark>le</mark> rs) which is nonprofit and no part of those net earn	ings
8. That there is a deed restriction, agreement, or other legally b occupied by or held for occupancy by qualifying low-income ter		are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lounder the provisions of sections 251 and 254 of the Revenue are filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY	ower-Income Households, is also required to be filed with the Assemble Taxation Code for those tribes or tribally designated housing entitle Whom should we contact during normal business	
Received by	hours fo <mark>r</mark> additional information?	
(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		—
on(date)		
	DAYTIME PHONE NUMBER EMAIL ADDRESS	
		—
CERT	FICATION	
	the State of California that the foregoing and all information hereor ue, correct and complete to the best of my knowledge and belief.	٦,
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE	