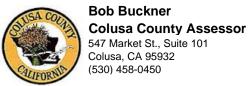
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



Otata of California County of		(SSS) ISS S ISS		
State of California, County of				
	,			
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally des	ignated housing, owner and	/or entity)	of the property described
1. That as				
		(officer)		
2. of the	(name of tribe or t	ibally designated housing e	ntitv)	
2. the median address of which is	(name er anse er a	use.gateaeaeg e		710
3. the mailing address of which is		plete mailing address)	S	ZIP
5. That this claim for exemption is made for the 20_	20_	fiscal year on the I	eased propert	y described above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claimare The exemption cannot be allowed without the inc	cal housing and re e or applicable fe ion 50053 of the nt affirming that t	elated facilities for tederal, state, or loc Hea <mark>lth</mark> and Safety	enants who ar al financial as Code or applic	e persons of low income as defined sistance agreements and the rent able federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/ope	rator
[] a federally recognized tribe (documentation	required for first	time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private shareholds) 		or first time filers) w	hich is non <mark>pr</mark> o	fit and <mark>no</mark> part of those net earning
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying leaves.			uiring that at I	east 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and			
FOR ASSESSOR'S USE ONLY				ct during normal business onal information?
		110		onal miormation:
Received by		NAME		
of(county or city)		ADDRESS (street, city, state	e, zip code)	
on				
On(date)		DAVTIME DUCKE AU MASS)	DDDECC
		DAYTIME PHONE NUMBER	K EMAIL A	DDRESS
	CEDTIFI	CATION		
I certify (or declare) under penalty of perjury under	CERTIFI er the laws of the		that the fored	joing and all information hereon.
including any accompanying statements or do				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE
		1		

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

