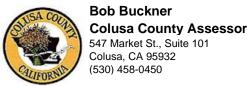
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



			LIFORNU	(330) 430-0430	
St	ate of California, County of				
	(name of person making claim)	,			
	no is filing this claim as, or on behalf of, the rein, states:	(tribe or tribally des	ignated housing, owner and/c	or entity)	f the property described
1.	That as				
			(officer)		
2.	of the	(ib - Hood - i and - day la - coning of a sub-	54. A	
		(name of tribe or tr	ibally designated housing ent	пу)	
	the mailing address of which is the location of the property for which exemption is		plete mailing address)	S	ZIP
	(give com	plete address)			ZIP
5.	That this claim for exemption is made for the 20	20	fiscal year on the le	ased property desc	ribed above.
	That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incompared to the control of the control	or applicable fe n 50053 of the I affirming that the	ederal, state, or local Health and Safety C	Il financial as <mark>sistanc</mark> ode or appli <mark>ca</mark> ble fe	ce agreements and the rents deral, state, or local financial
7.	That the property is owned and operated by an	owner	operator	owner/operator	
	[] a federally recognized tribe (documentation re	equired for first	time filers)		
	[] a tribally designated housing entity (documenta inure to the benefit of any private shareholder.		or first time filers) wh	nich is non <mark>pr</mark> ofit and	no part of those net earnings
8.	That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low			iring that at least 3	0% of the housing units are
	BOE-237-A, Supplemental Affidavit for BOE-237, Funder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho	Revenue and			
	FOR ASSESSOR'S USE ONLY			ld we contact duri ers for additional ir	ng normal business nformation?
	Received by	ī	NAME		
Ι,	of	<u>-</u>	ADDRESS (street, city, state,	zin code)	
	(county or city)		is since of the control only, state,	210 0000)	
(on				
		Ī	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
_	Lead (Control of the Control of the	CERTIFI			
	I certify (or declare) under penalty of perjury under including any accompanying statements or docu				
SIG	SNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

