EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

(name of person making claim)		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
2. 61 116	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		
4. the location of the property for which exemption is	(give complete mailing address) claimed is	ZIP
give c <mark>om</mark>	olete address)	
 5. That this claim for exemption is made for the 20 6. That at least 20% of the bound for roots 		
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sectio assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inco	or applicable federal, state, or local financi n 50053 of the Health and Safety Code or a affirming that the t <mark>en</mark> ants' income <mark>s</mark> and ren	al as <mark>sistance ag</mark> reements and the rents ppli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner operator owne	r/operator
[] a federally recognized tribe (documentation re	quired for first time filers)	
[] a tribally designated housing entity (documentation in the benefit of any private shareholder	ation required for first time filers) which is no	nprofit and no part of those net earning:
8. That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying low		t at least <mark>30</mark> % of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H 	e Revenue and Taxation Code for those trib	
FOR ASSESSOR'S USE ONLY		ontact during normal business
	hours for a	dditional information?
Received by		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)	ADDRESS (Street, City, State, 21) Code)	
ON(date)		
	DAYTIME PHONE NUMBER E	MAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under including any accompanying statements or doc	the laws of the State of California that the	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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



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