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 nerein, states:	(tribe or tribally designated I	nousing, owner and/or entity)	of the property described
1. That as			
	(offic	er)	
2. of the			
2. Of the	(name of tribe or tribally dea	signated housing entity)	
3. the mailing address of which is			
	(give complete ma	iling address)	
 the location of the property for which exemption 	n is <mark>cl</mark> aimed is		
			ZIP
	e c <mark>om</mark> plete address)		
5. That this claim for exemption is made for the 2	0 <u>-</u> 20 fiscal	vear on the leased or	operty described above
 That at least 30% of the housing are used for re in section 50079.5 of the Health and Safety Co 			
charged do not exceed the limits provided in se			
assistance agreements. An affidavit by the clain			
The exemption cannot be allowed without the i			
. That the property is owned and operated by an	ı owner or	perator owne	er/operator
[] a federally recognized tribe (documentation	on required for first time fi	lers)	
[] a tribally designated housing entity (docum			approfit and no part of these pat earning
inure to the benefit of any private shareho		unie mers) which is no	Supront and no part of those het earning
			tet less 200% of the housing write a
That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying		ocument requiring the	at at least 30% of the housing units a
	-		
). BOE-237-A, Supplemental Affidavit for BOE-23			
under the provisions of sections 251 and 254 o filing BOE-237, Exemption of Low-Income Trib.		on Code for those the	es of tribally designated housing entities
• • • •		Whom should we c	ontact during normal business
FOR ASSESSOR'S USE ONLY			additional information?
Bush all			
Received by(Assessor's designee)	NAME		
of	ADDRES	S (street, city, state, zip code)	
(county or city)			
on			
(date)			
	DAYTIME	PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATIO		
I certify (or declare) under penalty of perjury ur			
including any accompanying statements or		ct and complete to the	
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE

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

