EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



| State of California, County of | | |
|---|--|---|
| (name of person making claim) | , | af the property decertion |
| 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 | (name of tribe or tribally designated housing entity) | |
| 3. the mailing address of which is | (give complete mailing address) | ZIP |
| 4. the location of the property for which exemption is | | ZIP_ |
| · | - 20 fiscal year on the leased prop | perty described above. |
| 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 section assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the income. | al housing and related facilities for tenants who e or applicable federal, state, or local financia on 50053 of the Health and Safety Code or applications that the tenants' incomes and rents | o are persons of low income as defined il assistance agreements and the rents oplicable federal, state, or local financia |
| 7. That the property is owned and operated by an | owner operator owner/ | operator |
| [] a federally recognized tribe (documentation r | required for first time filers) | |
| a tribally designated housing entity (documen inure to the benefit of any private shareholde | | profit and no part of those net earnings |
| 8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo | | at least 30% of the housing units are |
| 9. 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 I | e Revenue and Taxation Code for those tribe | |
| FOR ASSESSOR'S USE ONLY | | ntact during normal business ditional information? |
| Received by | | |
| (Assessor's designee) | NAME | |
| of(county or city) | ADDRESS (street, city, state, zip code) | |
| on(date) | | |
| (date) | DAYTIME PHONE NUMBER EM | IAIL ADDRESS |
| | () | |
| | CERTIFICATION | |
| I certify (or declare) under penalty of perjury under including any accompanying statements or doc | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE |
| <u> </u> | | |

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

