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) who is filling this claim as, or on behalf of, the herein, states: 1. That as	(tribe or tribally desig	nated housing, owner and/or entity)	of	the property described	
		(officer)			
2. of the	(name of tribe or trib	ally designated housing entity)			
3. the mailing address of which is4. the location of the property for which exemption is	(give comp	lete mailing address)		ZIP	
(give comp	plete address)			ZIP	
5. That this claim for exemption is made for the 20	- 20 fi	scal year on the leased p	roperty descri	bed above.	
6. 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 incor	or applicable fed 1 50053 of the H affirming that th	lera <mark>l, state, or local fi</mark> nanc eal <mark>th and Safet</mark> y Code or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agreem <mark>e</mark> nts and the rents <mark>era</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an owner operator owner/operator					
[] a federally recognized tribe (documentation re	quired for first ti	me filers)			
 a tribally designated housing entity (documental inure to the benefit of any private shareholder. 		first time filers) which is n	onprofit and n	o part of those net earnings	
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying lov			at at least 30	% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hunder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal He	Revenue and T				
FOR ASSESSOR'S USE ONLY		Whom should we do	ontact durin additional inf		
Pageiyad by		nours roll	additional iiii	ormation:	
Received by	N.	AME			
Of(county or city)	ĀI	ADDRESS (street, city, state, zip code)			
on	_				
(date)		AYTIME PHONE NUMBER	EMAIL ADDRESS		
	()			
	CERTIFIC	ATION			
I certify (or declare) under penalty of perjury under including any accompanying statements or docu	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.

