EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

(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. 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 wh <mark>ich exemptio</mark> n	is claimed is	ZIP	
give c	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_	20fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the ind	e or applicable federal, state, or local financial ion 50053 of the Health and Safety Code or app int affirming that the tenants' incomes and rents	as <mark>sistance ag</mark> reements and the ren bli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financi	
7. That the property is owned and operated by an	owner operator owner/c	perator	
[] a federally recognized tribe (documentation	required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	ntation required for first time filers) which is non er.	profit and no part of those net earnin	
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least <mark>30</mark> % of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY	Whom should we con	tact during normal business	
	hours for add	litional information?	
Received by			
(Assessor's designee)	NAME		
-6			
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON			
	DAYTIME PHONE NUMBER EMA	IL ADDRESS	
	()		
I certify (or declare) under penalty of perjury und		regoing and all information hereon	
	ocuments, is true, correct and complete to the b		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

