EXEMPTION OF LOW-INCOME TRIBAL HOUSING

County of Inyo
Dave Stottlemyre, Assessor
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(760) 878-0302
inyoassessor@inyocounty.us

State of California, County of	inyoassessor@inyocounty.us
(name of person making claim) who is filling this claim as, or on behalf of, the	, of the property described designated housing, owner and/or entity)
Herein, states.	gg,
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
the mailing address of which is 4. the location of the property for which exemption is claimed is (give complete address)	complete mailing address) ZIP
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of t	d related facilities for tenants who are persons of low income as defined a federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial at the tenants' incomes and rents do not exceed those limits is attached.
inure to the benefit of any private shareholder.	d for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L	ower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities Whom should we contact during normal business hours for additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)
On(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	IFICATION
	the State of California that the foregoing and all information hereon, ue, correct and complete to the best of my knowledge and belief.

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

