EF-237-R04-0518-14000132-1 BOE-237 REV. 04 (05-18)

State of California, County of ____

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



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	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(nai	ne of tribe or tribally designated housing entity)
 3. the mailing address of which is 4. the location of the property for which exemption is claim	ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or an charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rent 53 of the Health and Safety Code or applicable federal, state, or local financia ning that the tenants' incomes and rents do not exceed those limits is attached fidavit.
7. That the property is owned and operated by an owned and operated by an	ner operator owner/operator
[] a federally recognized tribe (documentation require	d for first time filers)
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earning egally binding document requiring that at least 30% of the housing units are ome tenants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housi	ng — Lower-Income Households, is also required to be filed with the Assesso enue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
L	
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, ts, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

