EF-237-R04-0518-15000207-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Laura Avila Kern County Assessor and Recorder 1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

State of California, County of			
(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	(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			
		ZIP	
	complete address)		
5. That this claim for exemption is made for the 20) 20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for relin section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in section assistance agreements. An affidavit by the claim The exemption cannot be allowed without the integration.	de o <mark>r ap</mark> plicable federal, state, or local financia ction 50053 of the Health and Safety Code or a ant affirming that the tenants' incomes and rent	al as <mark>sis</mark> tance agreements and the rents pplic <mark>able federa</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	n required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	entation required for first time filers) which is no der.	nprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		t at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		ontact during normal business Iditional information?	
Received by			
(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER	MAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury un	der the laws of the State of California that the t locuments, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM			
		I	

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