EF-237-R04-0518-15000078-1 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)	<b>,</b>
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)
4. the location of the property for which exemption is	
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 charged do not exceed the limits provided in section	Il housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial t affirming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation re	equired for first time filers)
inure to the benefit of any private shareholder	
<ol> <li>That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying lo</li> </ol>	ther legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor e Revenue and Taxation Code for those tribes or tribally designated housing entities housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	r the laws of the State of California that the foregoing and all information hereon, ruments, 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.