EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Office of the Assessor **Kings County**

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

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		
2. 0. 0.0	(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 exempt	on is claimed is	ZIP
5. That this claim for exemption is made for the	20 20 fiscal year on the leased μ	property described above.
charged do not exceed the limits provided in	Code or applicable federal, state, or local finan ection 50053 of the Health and Safety Code or mant affirming that the tenants' incomes and re	icial as <mark>sis</mark> tance agree <mark>me</mark> nts and the rents applic <mark>able federa</mark> l, st <mark>at</mark> e, or local financial
7. That the property is owned and operated by	n owner operator owr	ner/operator
[] a federally recognized tribe (documenta	ion required for first time filers)	
 a tribally designated housing entity (documents) inure to the benefit of any private shareh 	mentation required for first time filers) which is older.	non <mark>pr</mark> ofit and <mark>no</mark> part of those net earnings
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualify		hat at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE- under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tr 	of the Revenue and Taxation Code for those tr bal Housing.	ibes or tribally designated housing entities
FOR ASSESSOR'S USE ONL'		contact during normal business additional information?
Received by	NAME	additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)	
on(date)		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
	under the laws of the State of California that the documents, is true, correct and complete to to	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

