EF-237-R04-0518-16000048-1
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.



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 el	ntity)	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		complete mailing address)		ZIP	
4. the location of the property for which exemp				Δ	
	(give complete address)			ZIP	
5. That this claim for exemption is made for th	ne 20 20	fiscal year on the leas	ed property	described above.	
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety charged do not exceed the limits provided in assistance agreements. An affidavit by the of The exemption cannot be allowed without the	y Code or applicable n section 50053 of the Staimant affirming the	e federal, state, or local f ne Health and Safety Cod at the tenants' incomes ar	inancial ass le or applica	istance agreements and the rents ble federal, state, or local financia	
7. That the property is owned and operated by	y an 🗌 owner	operator	owner/oper	ator	
[] a federally recognized tribe (document	tation required for fi	rst time filers)			
 a tribally designated housing entity (doc inure to the benefit of any private share 		d for first time filers) whicl	h is nonprofi	t and no part of those net earnings	
8. That there is a deed restriction, agreemen occupied by or held for occupancy by quality			ng that at le	ast 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE under the provisions of sections 251 and 25 filing BOE-237, Exemption of Low-Income	54 of the Revenue a				
FOR ASSESSOR'S USE ON	LY			t during normal business	
		nours	Tor additio	nal information?	
Received by(Assessor's designee,)	NAME	-		
of (county or city)		ADDRESS (street, city, state, zip code)			
on					
(date)		DAYTIME PHONE NUMBER	EMAILAD	DRESS	
		()			
	CERT	IFICATION			
I certify (or declare) under penalty of perjur			at the foreg	ning and all information hereon	
including any accompanying statements					
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

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