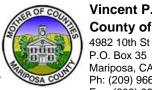
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Vincent P. Kehoe **County of Mariposa Assessor/Recorder**

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

State of California,	County of						
	(name of person making claim)	,					
who is filing this claim as, or on behalf of, the			ignated housi	ng, 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	ss of which is	(give com	plete mailing	address)		ZIP	
4. the location of the	e property for wh <mark>ich exemptio</mark> n is	s claimed is		12		ZIP	
5. That this claim for	exemption is made for the 20_	- 20	fiscal yea	r on the leased p	property descri	bed above.	
6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.							
7. That the property	is owned and operated by an	owner	opera	ator owr	ner/operator		
[] a federally recognized tribe (documentation required for first time filers)							
[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.							
	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.						
under the provision	plemental Affidavit for BOE-237, ons of sections 251 and 254 of th exemption of Low-Income Tr <mark>ib</mark> al F	e Revenue and	Taxation	Code for those tr	ibes or tribally	designated housing entities	
FOF	R ASSESSOR'S USE ONLY		W		contact durin additional inf	g normal business	
Received by	(Assessor's designee)		NAME	nours ro	auditional IIII	omation:	
of.							
Of				ADDRESS (street, city, state, zip code)			
on	(date)						
(date)			DAYTIME PHONE NUMBER EMAIL ADDRESS				
			,				
CERTIFICATION							
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.							
SIGNATURE OF PERSON MA			TITLE	,		DATE	

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

