EF-237-R03-0208-24000389-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **MERCED COUNTY** MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956

State of California, County of	www.co.merced.ca.us\assessor
(name of person making claim)	<del>,</del>
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	(tribe or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	(name of tribe or tribelly decimated become autity)
	(name of tribe or tribally designated housing entity)
<ul><li>3. the mailing address of which is</li><li>4. the location of the property for which exemption is of the property for the property for which exemption is of the property for the prope</li></ul>	(give complete mailing address)  laimed is  zip  zip
	20 fiscal year on the leased property described above.
<ol> <li>That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section</li> </ol>	nousing and related facilities for tenants who are persons of low income as defined rapplicable federal, state, or local financial assistance agreements and the rents 50053 of the Health and Safety Code or applicable federal, state, or local financial 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 red	uired for first time filers)
<ul> <li>a tribally designated housing entity (documenta inure to the benefit of any private shareholder.</li> </ul>	ion required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low	er legally binding document requiring that at least 30% of the housing units are income tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, ments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
<b>&gt;</b>	

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

