EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



MERCED COUNTY MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631

	(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			
	•••••••	(name of tribe or triball	y designated housing entity)	
	the mailing address of which is		e mailing address)	ZIP
4.	the location of the property for which exemption			ZIP
		omplete address)		
5.	That this claim for exemption is made for the 20_	20fisc	cal year on the leased prope	erty described above.
6.	That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the inc	le or applicable fede tion 50053 of the Hea ant affirming that the f	ral, state, or local financial a alth and Safety Code or app	as <mark>sistance ag</mark> reements and the rents li <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financial
7.	That the property is owned and operated by an	owner	operator owner/o	perator
	[] a federally recognized tribe (documentation	required for first tim	e filers)	
	[] a tribally designated housing entity (docume inure to the benefit of any private sharehold		irst time filers) which is nonp	rofit and no part of those net earnings
8.	That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			t least <mark>30</mark> % of the housing units are
9.	BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal	the Rev <mark>e</mark> nue and Ta	kation Code for those tribes	or tribally designated housing entities
	FOR ASSESSOR'S USE ONLY			tact during normal business
			hours for add	itional information?

Received by(Assessor's designee)					
	NAME				
of	ADDRESS (street, city, state, zip code)				
ON(date)					
	DAYTIME PHONE NUMBER	MAIL 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.					

TITLE SIGNATURE OF PERSON MAKING CLAIM DATE

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

