EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

| State of California, County of | - |
|--|---|
| (name of person making claim) who is filing this claim as, or on behalf of, the | , of the property described y designated housing, owner and/or entity) |
| | (officer) |
| 2. of the | or tribally designated housing entity) |
| the mailing address of which is 4. the location of the property for which exemption is claimed is (give complete address) | ZIP |
| 5. That this claim for exemption is made for the 20 20 | fiscal year on the leased property described above. |
| in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio | d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financial at the tenants' incomes and rents do not exceed those limits is attached. |
| 7. That the property is owned and operated by an owner owner | operator owner/operator |
| [] a federally recognized tribe (documentation required for fi | irst time filers) |
| inure to the benefit of any private shareholder. | ed for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L | .ower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business |
| Received by | hours for additional information? |
| Of(county or city) | ADDRESS (street, city, state, zip code) |
| On(date) | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| CERT | TIFICATION |
| including any accompanying statements or documents, is to | the State of California that the foregoing and all information hereon, rue, correct and complete to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE DATE |

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

