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	y designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
	or tribally designated housing entity)	
3. the mailing address of which is	e complete mailing address)	ZIP
4. the location of the property for which exemption is claimed is	5/2	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit	d related facilities for tenants e federal, state, or local finar he Health and Safety Code of at the tenants' incomes and re	who are persons of low income as defined icial assistance agreements and the rents applicable federal, state, or local financial
7. That the property is owned and operated by an owner	operator own	ner/operator
[] a federally recognized tribe (documentation required for fi	irst time filers)	
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which is	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally loccupied by or held for occupancy by qualifying low-income te		hat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lunder the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing.		
FOR ASSESSOR'S USE ONLY		contact during normal business
Received by	NAME	additional information?
of	ADDRESS (/ / / / / / / / / / / / / / / / / /	
(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CER	TIFICATION	
I certify (or declare) under penalty of perjury under the laws of		e foregoing and all information hereon
including any accompanying statements or documents, is to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

