EF-237-R04-0518-26000236-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

State of California, County of _____



(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	ibe or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(na	ame of tribe or tribally designated housing entity)	
 the mailing address of which is	(give complete mailing address) med is	ZIP
(give c <mark>om</mark> plete a	address)	ZIP
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property	described above.
6. That at least 30% of the housing are used for rental hou in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affin The exemption cannot be allowed without the income a	pplicable federal, state, or local financial ass 053 of the Health and Safety Code or applica rming that the tenants' income <mark>s</mark> and rents do n	istance agreements and the ren ble federal, state, or local financi
7. That the property is owned and operated by an owned and operated by an	wner operator owner/opera	ator
[] a federally recognized tribe (documentation requir	red for first time filers)	
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	n required for first time filers) which is nonprofi	t and no part of those net earning
 That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-incomence 		ast 30% of the housing units a
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hous under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal House	evenue and Taxation Code for those tribes or t	
FOR ASSESSOR'S USE ONLY	Whom should we contact hours for addition	
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on	[
	DAYTIME PHONE NUMBER EMAIL AD	DRESS
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the		ing 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 MAKING CLAIM
 TITLE
 DATE

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