EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 www.ocgov.com/assessor

ho is filing this claim as, or on behalf of, the	(tribe as tribelly decise and beyoing evenes and/or estity)	of the property described
erein, states:	(tribe or tribally designated housing, owner and/or entity)	
. That as		
	(officer)	
. of the	(name of tribe or tribally designated housing entity)	
. the mailing address of which is		
	(give complete mailing address)	2"
. the location of the property for which exemption	s claimed is	ZIP
. That this claim for exemption is made for the 20	20fiscal year on the leased pr	operty described above.
. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	e or applicable federal, state, or local finance ion 50053 of the Health and Safety Code or a nt affirming that the tenants' incomes and rer	sial as <mark>sistance ag</mark> reements and the rer appli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financ
. That the property is owned and operated by an	owner operator owne	er/operator
[] a federally recognized tribe (documentation	required for first time filers)	
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold		onprofit and no part of those net earnin
. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at at least <mark>30</mark> % of the housing units a
. BOE-237-A, <i>Supplemental Affidavit for BOE-237</i> under the provisions of sections 251 and 254 of filing BOE-237, <i>Exemption of Low-Income</i> Triba	he Revenue and Taxation Code for those trik	
FOR ASSESSOR'S USE ONLY		contact during normal business
	nours for a	additional information?
Received by(Assessor's designee)	NAME	
of (county or city)	ADDRESS (street, city, state, zip code)	
ON(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	CERTIFICATION	
I certify (or declare) under penalty of perjury unc including any accompanying statements or de		
IGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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



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