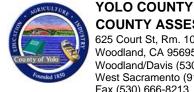
## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

State of California, County of



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

	(name of person making claim)	,				
	o is filing this claim as, or on behalf of, the ein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described			
1. T	That as					
-		(officer)				
2. c	of the					
	(name of tribe or tribally designated housing entity)					
	he mailing address <mark>of which is _</mark>	(give complete mailing address)	ZIP			
4. t	he location of the property for which exemption	is claimed is	ZIP_			
	give o	complete address)				
5. T	That this claim for exemption is made for the 20	20 fiscal year on the leased property	described above.			
ii c	n section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sec	ntal housing and related facilities for tenants who are de or applicable federal, state, or local financial ass tion 50053 of the Health and Safety Code or applica ant affirming that the tenants' incomes and rents do r	istance agreements and the rents ble federal, state, or local financia			

The exemption cannot be allowed without the income affidavit.

- 7. That the property is owned and operated by an lowner operator owner/operator

  - [ ] a federally recognized tribe (documentation required for first time filers)
  - [ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.
- 8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.
- 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, Exemption of Low-Income Tribal Housing.

FO	OR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?			
Received by	(Assessor's designee)				
		NAME			
of		ADDRESS (street, city, state, zip code)			
	(county or city)				
on	(date)				
		DAYTIME PHONE NUMBER EMAIL 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.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

