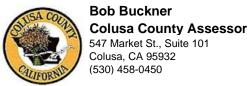
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



| State of California, County of | | TIFORM. | | |
|--|---|---|--|--|
| | | | | |
| (name of person making claim) | , | | | |
| who is filing this claim as, or on behalf of, theherein, states: | (tribe or tribally des | ignated housing, owner ar | nd/or entity) | of the property described |
| 1. That as | | | | |
| | | (officer) | | |
| 2. of the | (name of tribe or tr | ibally designated housing | ontitu) | |
| | (name or tribe or tri | bally designated nousing | entity) | |
| 3. the mailing address of which is | | plete mailing address) | S | ZIP |
| 5. That this claim for exemption is made for the 206. That at least 30% of the housing are used for renta | | | | |
| in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the income. | or applicable fe on 50053 of the l t affirming that the | deral, state, or lo Hea <mark>l</mark> th and Safety | ca <mark>l f</mark> inancia Code or a | al as <mark>sistance a</mark> gree <mark>m</mark> ents and the rents ppli <mark>ca</mark> ble federal, st <mark>at</mark> e, or local financial |
| 7. That the property is owned and operated by an | owner | operator | owner | /operator |
| [] a federally recognized tribe (documentation re | equired for first | time filers) | | |
| a tribally designated housing entity (document inure to the benefit of any private shareholder | | or first time filers) | which is no | n <mark>pro</mark> fit and <mark>no</mark> part of those net earnings |
| 8. That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying lo | | | quiring that | at least 30% of the housing units are |
| BOE-237-A, Supplemental Affidavit for BOE-237, I under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal F | e Revenue and | | | |
| FOR ASSESSOR'S USE ONLY | | 1111111111 | | ontact during normal business dditional information? |
| | | | ours for ac | dulional information? |
| Received by | <u>_</u> | IAME | | |
| | | | | |
| Of(county or city) | / A | ADDRESS (street, city, sta | te, zip code) | |
| on(date) | | | | |
| | Ī | DAYTIME PHONE NUMBE | ER EI | MAIL ADDRESS |
| | |) | | |
| | CERTIFI | | | |
| I certify (or declare) under penalty of perjury under including any accompanying statements or doc | | | | |
| SIGNATURE OF PERSON MAKING CLAIM | Jamento, 15 true, | TITLE | JICIC 10 111 0 | DATE |
| | | I | | |

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

