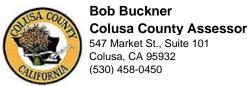
## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**



		ALIFORNI	(330) 43	0 0 100
State of California, County of				
(name of person making claim)				
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally desig	gnated housing, owner an	d/or entity)	of the property described
1. That as				
		(officer)		
2. of the	(name of tribe or trib	pally designated housing e	entitv)	
3. the mailing address of which is	(name of the of the			ZIP
4. the location of the property for which exemption is		lete mailing address)	S	ZIP
5. That this claim for exemption is made for the 20	20      f	iscal vear on the	leased prop	erty described above.
6. 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 claimant The exemption cannot be allowed without the inco	al housing and re or applicable fe on 50053 of the H t affirming that th	lated facilities for deral, state, or lo lealth and Safety	tenants who cal financial Code or app	are persons of low income as defined assistance agreements and the rents olicable federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/c	pperator
[ ] a federally recognized tribe (documentation re	equired for first t	ime filers)		
<ul> <li>a tribally designated housing entity (document inure to the benefit of any private shareholder</li> </ul>		r first time filers) v	vhich is non	or of it and no part of those net earnings
<ol> <li>That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying love</li> </ol>			quiring that a	at least <mark>30</mark> % of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H</li> </ol>	e Revenue and T			
FOR ASSESSOR'S USE ONLY				tact during normal business litional information?
Received by	N	AME		
of		DDRESS (street, city, stat	te zin code)	
(county or city)		DDINESS (Street, City, Stat	e, zip code)	
on(date)				
	D	AYTIME PHONE NUMBE	R EMA	AIL ADDRESS
	(	)		
I certify (or declare) under penalty of perjury under	CERTIFIC r the laws of the		a that the fo	regoing and all information hereon
including any accompanying statements or doc				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

