EXEMPTION OF LOW-INCOME TRIBAL HOUSING



who is filling this claim as, or on behalf of, the		UFO:30	State of California, County of		
who is filling this claim as, or on behalf of, the herein, states: (Inhe or tribully designated housing, owner and/or entity) 1. That as (Interior tribully designated housing entity) 3. the mailling address of which is represent or complete mailing address. 4. the location of the property for which exemption is claimed is [April 20] Fig. 1. That this claim for exemption is made for the 20					
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4. the location of the property for which exemption is claimed is Complete address			or tribally designated housing entity)	(name of tribe	2. of the
4. the location of the property for which exemption is claimed is SIP		ZIP			3. the mailing address of which is
5. That this claim for exemption is made for the 20		Δ	complete mailing address)	(give	
6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income a in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or loca assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner 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 ne 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 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 under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing filing BOE-237, Exemption of Low-Income Tribal Housing. Whom should we contact during normal busine hours for additional information? NAME ADDRESS (street, city, state, zip code)		ZIP		(give complete address)	
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On(date)			NAME	sessor's designee)	(Assessor
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(date)				or city)	(county or city)
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		ADDRESS	DAYTIME PHONE NUMBER EMAIL AD		(5117)
()			()		
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information his including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and be					
SIGNATURE OF PERSON MAKING CLAIM TITLE DATE		-	·	,	

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

