EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



State of California, County of		
(name of person making claim) who is filing this claim as, or on behalf of, the		of the property described
herein, states:	(tribe or tribally designated housing, owner and/or entity)	
1. That as		
	(officer)	
2. of the	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is	(give complete mailing address)	ZIP
4. the location of the property for which exemption is classified to the complex of the property for which exemption is classified to the property for t	aimed is	ZIP
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased prope	rty described above.
6. That at least 30% of the housing are used for rental hin section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the incom-	ousing and related facilities for tenants who a applicable federal, state, or local financial a 50053 of the Health and Safety Code or appl ffirming that the tenants' incomes and rents d	as <mark>sis</mark> tance agreem <mark>e</mark> nts and the rents icable federal, state, or local financial
7. That the property is owned and operated by an	owner operator owner/op	perator
[] a federally recognized tribe (documentation req	uired for first time filers)	
 a tribally designated housing entity (documentati inure to the benefit of any private shareholder. 	on required for first time filers) which is nonpr	ofit and no part of those net earnings
8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-		t least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Ho under the provisions of sections 251 and 254 of the F filing BOE-237, Exemption of Low-Income Tribal House FOR ASSESSOR'S USE ONLY FOR ASSESSOR'S USE ONLY Provided Head of the Province of the Pro	Revenue and Taxation Code for those tribes of using. Whom should we contain	
Received by	NAME	
(IVAIVIL	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(uate)	DAYTIME PHONE NUMBER EMAIL	ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the including any accompanying statements or docun		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
<u>r</u>	<u> </u>	I

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

