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

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



## Paul Dictos, CPA Fresno County Assessor-Recorder

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca.us

State of California, County of _					
(name of persor	n making claim) ,				
who is filing this claim as, or on behalf of, the		ignated housing, owner and/or entity)	the property described		
1. That as					
		(officer)			
2. of the	(no no a set tribe a no tri	halle daring the discourse with A			
		bally designated housing entity)			
3. the mailing address of which is	(give con	pplete mailing address)		ZIP	
4. the location of the property for	which exemption is claimed is			ZIP	
5. That this claim for exemption is	s made for the 20 - 20	fiscal year on the leased p	roperty descri	bed above.	
6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. 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 net earnings inure to the benefit of any private shareholder.					
. That there is a deed res <mark>triction, agreement, or other legally binding document requiring that at least 30</mark> % of the housing units are occupied by or held for occupancy by qualifying low-income tenants.					
	davit for BOE-237, Housing — Low s 251 and 254 of the Revenue and ow-Income Tribal Housing.				
FOR ASSESSOR	R'S USE ONLY			g normal business	
Received by	sessor's designee)	nours for	additional inf	ormation?	
of(county	(county or city)  ADDRESS (street, city, state, zip code)				
on					
(da	ate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
		( )	EMAIL ADDRESS		
OFFICIATION					
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.

