## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

ho is filing this claim as, or on behalf of, the			
	r tribally designated housing, owner and/or entity)	of the property described	
. That as			
	(officer)		
. of the			
(name	of tribe or tribally designated housing entity)		
. the mailing address of which is	(give complete mailing address)	ZIP	
. the location of the property for which exemption is claimed		ZIP	
. That this claim for exemption is made for the 202		rty described above.	
That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or appl charged do not exceed the limits provided in section 5005 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affi	ng and related facilities for tenants who a icable federal, state, or local financial a 3 of the Health and Safety Code or appli ng that the tenants' incomes and rents d	are persons of low income as define ssistance agreements and the ren cable federal, state, or local financ	
. That the property is owned and operated by an 🗌 owne	er operator owner/op	perator	
[ ] a federally recognized tribe (documentation required	for first time filers)		
[ ] a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.	quired for first time filers) which is nonpr	ofit and no part of those net earnin	
. That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incom		least <mark>30</mark> % of the housing units a	
. BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Rever filing BOE-237, Exemption of Low-Income Tribal Housing.	nue and Taxation Code for those tribes c		
FOR ASSESSOR'S USE ONLY		act during normal business	
	hours for addit	tional information?	
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)	—		
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents			
GNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

