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

(name of person making claim)	y	
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(name of	f tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is claimed		ZIP
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased pro	perty described above.
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida	cable federal, state, or local financia of the Health and Safety Code or a g that the tenants' incomes and rent	al as <mark>sistance ag</mark> reements and the ren ppli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financi
7. That the property is owned and operated by an owner	operator owner	/operator
[] a federally recognized tribe (documentation required for	or first time filers)	
[] a tribally designated housing entity (documentation required in the benefit of any private shareholder.	uired for first time filers) which is no	nprofit and no part of those net earning
 That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income 		t at 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 Revenu filing BOE-237, Exemption of Low-Income Tribal Housing. 		
FOR ASSESSOR'S USE ONLY		ontact during normal business
Received by(Assessor's designee)		dditional information?
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on	-	
	DAYTIME PHONE NUMBER EI	MAIL ADDRESS
	()	
CE	ERTIFICATION	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents,		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

