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

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



## County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

State of California, County of				
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the	be or tribally des	ignated housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the				
(name of tribe or tribally designated housing entity)				
3. the mailing address of which is	(give com	plete mailing address)		ZIP
4. the location of the property for which exemption is clair				ZIP
5. That this claim for exemption is 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 hou in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affirement of the exemption cannot be allowed without the income a	pplicable fe 053 of the I rming that the	deral, state, or local financ lealth and Safety Code or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agreements and the rents eral, state, or local financial
7. That the property is owned and operated by an owner operator owner/operator				
[ ] a federally recognized tribe (documentation requir	ed for first	time filers)		
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	required fo	or first time filers) which is n	on <mark>pr</mark> ofit and n	o part of those net earnings
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-inc			at at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, House under the provisions of sections 251 and 254 of the Refiling BOE-237, Exemption of Low-Income Tribal House	venue and			
FOR ASSESSOR'S USE ONLY				g normal business
		hours fo <mark>r</mark> a	additional inf	formation?
Received by		IAME		
of .				
Of(county or city)	^	ADDRESS (street, city, state, zip code)		
on(date)				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		)		
	OEDTIE	CATION		
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.

