EF-237-R04-0518-15000206-1 BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Laura Avila Kern County Assessor and Recorder 1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

State of California, County of		
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
2. of the	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is	(give complete mailing address) claimed is	ZIP
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased p	roperty described above.
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the inco	I housing and related facilities for tenants or or applicable federal, state, or local finance n 50053 of the Health and Safety Code or affirming that the tenants' incomes and re	who are persons of low income as defined cial assistance agreements and the rents applicable federal, state, or local financial
7. That the property is owned and operated by an	owner operator own	er/operator
[ ] a federally recognized tribe (documentation re	equired for first time filers)	
<ul> <li>a tribally designated housing entity (documentation in the benefit of any private shareholder</li> </ul>		nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying loss		hat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H	e Revenue and Taxation Code for those tri lousing.	bes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY		contact during normal business
	hours for	additional information?
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)		I
		EMAIL ADDRESS
	( )	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under including any accompanying statements or doct		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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