EF-237-R04-0518-15000112-1 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	(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	(give complete mailing address) is claimed is		
		ZIP	
	omplete address)	enerty described above	
5. That this claim for exemption is made for the 20_			
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the ind	le o <mark>r applicable federal, s</mark> tate, or local financ ion 50053 of the Health and Safety Code or a in <mark>t a</mark> ffir <mark>ming that the tenants' incomes a</mark> nd rer	ial as <mark>sis</mark> tance agreements and the rents appli <mark>cable federa</mark> l, state, or local financial	
7. That the property is owned and operated by an	owner operator owne	er/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal	he Revenue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONLY		ontact during normal business dditional information?	
Destination	nours tor a		
Received by	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
(
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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