EF-237-R04-0518-16000269-1
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.



Office of the Assessor Kings County 1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption			
		ZIP	
	e c <mark>om</mark> plete address)		
5. That this claim for exemption is made for the 2		· · ·	
charged do not exceed the limits provided in se	ode o <mark>r applicable federal, state, or local financia</mark> ction 50053 of the Health and Safety Code or a nant affirming that the tenants' income <mark>s</mark> and rent	al as <mark>sis</mark> tance agreements and the rents pplic <mark>able federa</mark> l, state, or local financia	
7. That the property is owned and operated by an	n owner operator owner	operator	
[] a federally recognized tribe (documentation	on required for first time filers)		
 a tribally designated housing entity (docum inure to the benefit of any private shareho 	nentation required for first time filers) which is no lder.	nprofit and no part of those net earning	
8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying		t at least 30% of the housing units are	
9. BOE-237-A, <i>Supplemental Affidavit for BOE-23</i> under the provisions of sections 251 and 254 o filing BOE-237, <i>Exemption of Low-Income Trib</i>	f the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		ontact during normal business	
	hours for ac	ditional 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	MAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury ur	nder the laws of the State of California that the t	foregoing and all information hereon,	
	documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

