EF-237-R04-0518-16000191-1
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 i	is claimed is		
	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_			
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claima The exemption cannot be allowed without the incoment.	e o <mark>r applicable federal, state, or local financial a</mark> ion 50053 of the Health and Safety Code or app n <mark>t affirming that the tenants' incomes a</mark> nd rents o	as <mark>sis</mark> tance agreements and the rents li <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by an	owner operator owner/o	perator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private shareholde 	ntation required for first time filers) which is nonp er.	rofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying I		t 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 the filing BOE-237, Exemption of Low-Income Tribal	he Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		act during normal business	
	hours for add	itional 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 EMAI	LADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or do	er the laws of the State of California that the for ocuments, is true, correct and complete to the bo		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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