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	lly designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
(name of trib	e or tribally designated housing entity)		
3. the mailing address of which is	ve complete mailing address)	ZIP	
4. the location of the property for which exemption is 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 housing a in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming the exemption cannot be allowed without the income affidavit.	ole federal, state, or loca <mark>l fi</mark> nan the Health and Safety Code or ha <mark>t th</mark> e tenants' income <mark>s a</mark> nd re	cial as <mark>sis</mark> tance agree <mark>me</mark> nts and the rents applic <mark>able federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an owner operator owner/operator			
[] a federally recognized tribe (documentation required for	first time filers)		
 a tribally designated housing entity (documentation requirements in the benefit of any private shareholder. 	ed for first time filers) which is r	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to		at at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. 			
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()	EMALADINESS	
	,		
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.