EF-237-R04-0518-16000032-1
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:	bally designated housing, owner and/or entity	of the property described
1. That as		
2. of the	(officer) ribe or tribally designated housing entity)	
 the location of the property for which exemption is claimed is 		ZIP ZIP
 <i>Give complete address</i> 5. That this claim for exemption is made for the 20 20 		property described above
 6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applica 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 affida 	and related facilities for tenants able federal, state, or local fina of the Health and Safety Code of that the tenants' incomes and	s who are persons of low income as defined incial assistance agreements and the rents or applicable federal, state, or local financia
7. That the property is owned and operated by an owner	operator ov	vner/operator
[] a federally recognized tribe (documentation required fo	r first time filers)	
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	lired for first time filers) which is	s nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income		that 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 r additional information?
Desciud hu	nours id	
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CE	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is		
SIGNATURE OF PERSON MAKING CLAIM		DATE

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