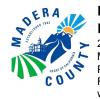
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

(name of person making claim)	3		
who is filing this claim as, or on behalf of, the	ibe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
(1	name of tribe or tribally designated housing entity)		
 the mailing address of which is the location of the property for which exemption is clai 	(give complete mailing address) med is	ZIP	
(give complete	address)	ZIP	
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased pr	operty described above.	
6. That at least 30% of the housing are used for rental ho in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affi The exemption cannot be allowed without the income	pplicable federal, state, or local financ 053 of the Health and Safety Code or a rming that the tenants' incomes and rer	ial as <mark>sistance ag</mark> reements and the rents appli <mark>ca</mark> ble federal, state, or local financia	
7. That the property is owned and operated by an \Box o	wner operator owne	er/operator	
[] a federally recognized tribe (documentation requi	red for first time filers)		
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	n required for first time filers) which is n	onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-in		at at least <mark>30</mark> % of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Hous under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal Hous 	evenue and Taxation Code for those trik		
FOR ASSESSOR'S USE ONLY		ontact during normal business	
Received by	hours for a	additional information?	
(Assessor's designee)	NAME		
af.			
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

