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)	y		
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			
2. 0. 0.0	(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 is	claimed is	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the income	or applicable federal, state, or local financial on 50053 of the Health and Safety Code or app at affirming that the tenants' incomes and rents	as <mark>sistance ag</mark> reements and the rents oli <mark>ca</mark> ble federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/o	operator	
[] a federally recognized tribe (documentation r	equired for first time filers)		
[] a tribally designated housing entity (document inure to the benefit of any private shareholde		profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or or occupied by or held for occupancy by qualifying lo		at least <mark>30</mark> % of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, a under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F 	e Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		ntact during normal business	
	hours for add	ditional 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 EMA	AIL ADDRESS	
I certify (or declare) under penalty of perjury unde	CERTIFICATION r the laws of the State of California that the fo	regoing and all information hereon	
including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

