EF-237-R04-0518-20000192-1 BOE-237 REV. 04 (05-18)

State of California, County of ___

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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)	,		
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
(na	me of tribe or tribally designated housing entity)		
3. the mailing address of which is			
4. the location of the property for which exemption is clair		ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above	
5. That this claim for exemption is made for the 20		· · ·	
6. That at least 30% of the housing are used for rental hou 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 affir The exemption cannot be allowed without the income a	oplicable federal, state, or local fina 053 of the Health and Safety Code c ming that the tenants' incomes and r	ncial as <mark>sis</mark> tance agreements and the rents or appli <mark>cable federa</mark> l, state, or local financia	
7. That the property is owned and operated by an ov	vner operator ow	ner/operator	
[] a federally recognized tribe (documentation requir	ed for first time filers)		
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other l occupied by or held for occupancy by qualifying low-inc		that at least 30% of the housing units are	
9. 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 Housi	venue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY	Whom should we	contact during normal business	
	hours fo	r additional information?	
Received by(Assessor's designee)			
(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
(county or city)			
on			
(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the			
including any accompanying statements or docume	nts, 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.