EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacountv.com/government/assessor

Siale	e of California, County of					
		······,				
	(name of person making claim)					
who is filing this claim as, or on behalf of, the		(tribe or tribally des	ignated housing, owner and/or entity)	of	the property described	
1. T	nat as					
_			(officer)			
2. of	the					
		(name of tribe or tri	bally designated housing entity)			
3. th	e mailing address of which is	(give com	plete mailing address)		ZIP	
4. th	e location of the property for which exemption is				ZIP	
5. T	nat this claim for exemption is made for the 20	- 20	fiscal year on the leased p	property descri	bed above.	
6. Ti in ch as	5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.					
7. T	nat the property is owned and operated by an	owner	operator owr	ner/operator		
[[] a federally recognized tribe (documentation required for first time filers)					
[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.					
	at there is a deed res <mark>tri</mark> ction, agreement, or other legally binding document requiring that at least 30% of the housing units are cupied by or held for occupancy by qualifying low-income tenants.					
uı	OE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assesson der the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entitie ing BOE-237, Exemption of Low-Income Tribal Housing.					
	FOR ASSESSOR'S USE ONLY				g normal business	
Re	eceived by(Assessor's designee)		nours for	additional inf	ormation?	
of	(county or city) ADDRESS (street, city, state, zip code)					
on						
	(date)		ANTIME BUONE NUMBER	TALLE ADDDESS		
			DAYTIME PHONE NUMBER	EMAIL ADDRESS		
			. <i>J</i>			
		CERTIFI	CATION			
1	certify (or declare) under penalty of perjury under including any accompanying statements or doct					
SIGNA	TURE OF PERSON MAKING CLAIM		TITLE		DATE	

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

