EF-237-R04-0518-24000291-1 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.



MERCED COUNTY

MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

| (name of person making claim)   | ,  |   |  |
|---|--|---|--|
| who is filing this claim as, or on behalf of, the<br>herein, states:  | (tribe or tribally designated housing, owner and/or entity)  | of the property described   |  |
| 1. That as  |  |   |  |
|   | (officer)  |   |  |
| 2. of the   |  |   |  |
| 2. 01 the   | (name of tribe or tribally designated housing entity)  |   |  |
| <ul> <li>3. the mailing address of which is</li> <li>4. the location of the property for which exemption is c</li> </ul>  | (give complete mailing address)<br>laimed is   | ZIP   |  |
|   |  | ZIP   |  |
| (give comple  |  |   |  |
| 5. That this claim for exemption is made for the 20   | 20 fiscal year on the leased property  | described above.  |  |
| 6. That at least 30% of the housing are used for rental h<br>in section 50079.5 of the Health and Safety Code o<br>charged do not exceed the limits provided in section<br>assistance agreements. An affidavit by the claimant a<br>The exemption cannot be allowed without the incom | r applicable federal, state, or local financial as<br>50053 of the Health and Safety Code or applica<br>affirming that the tenants' incomes and rents do | sistance agreements and the rents<br>able federal, state, or local financia |  |
| 7. That the property is owned and operated by an  | owner operator owner/ope   | rator   |  |
| [ ] a federally recognized tribe (documentation req   | uired for first time filers)   |   |  |
| <ul> <li>a tribally designated housing entity (documentat<br/>inure to the benefit of any private shareholder.</li> </ul>   | tion required for first time filers) which is nonprof  | it and no part of those net earnings  |  |
| 8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low   |  | east 30% of the housing units are   |  |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Ho<br>under the provisions of sections 251 and 254 of the<br>filing BOE-237, Exemption of Low-Income Tribal Ho  | Revenue and Taxation Code for those tribes or  |   |  |
| FOR ASSESSOR'S USE ONLY   |  | et during normal business   |  |
| Received by   | hours for addition   | onal information?   |  |
| (Assessor's designee)   | NAME   |   |  |
| of(county or city)  | ADDRESS (street, city, state, zip code)  | ADDRESS (street, city, state, zip code)                                     |  |
| on  |  |   |  |
|   | DAYTIME PHONE NUMBER EMAIL AI  | ODBESS  |  |
|   |  |   |  |
|   |  |   |  |
|   | CERTIFICATION  |   |  |
| I certify (or declare) under penalty of perjury under t<br>including any accompanying statements or docur   | -  | -   |  |
| SIGNATURE OF PERSON MAKING CLAIM  | TITLE  | DATE  |  |

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

