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 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)		
 3. the mailing address of which is 4. the location of the property for which exemption is c 	(give complete mailing address) 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 in section 50079.5 of the Health and Safety Code o charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the incom	r applicable federal, state, or local financial as 50053 of the Health and Safety Code or applica affirming that the tenants' incomes and rents do	sistance agreements and the rents 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)		
 a tribally designated housing entity (documentat inure to the benefit of any private shareholder. 	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 under the provisions of sections 251 and 254 of the 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 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.

