## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

(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		
	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is cla	$\mathbf{O}$	ZIP
5. That this claim for exemption is made for the 20	20, fiscal year on the leased prope	erty 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 or charged do not exceed the limits provided in section s assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the income	applicable federal, state, or local financial 50053 of the Health and Safety Code or app ffirming that the tenants' income <mark>s</mark> and rents o	as <mark>sistance ag</mark> reements and the rents li <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner operator owner/o	perator
[ ] a federally recognized tribe (documentation requ	uired for first time filers)	
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	on required for first time filers) which is non	profit 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-		at least <mark>30</mark> % of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Ho under the provisions of sections 251 and 254 of the F filing BOE-237, Exemption of Low-Income Tribal Hou</li> </ol>	Revenue and Taxation Code for those tribes	
FOR ASSESSOR'S USE ONLY		tact during normal business
	hours for add	litional information?
Received by(Assessor's designee)	NAME	
	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
(date)	DAYTIME PHONE NUMBER EMA	ILADDRESS
L		
I certify (or declare) under penalty of perjury under th		regoing and all information hereon
including any accompanying statements or docun		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A PUB	LIC RECORD AND IS SUBJECT TO PUB	LIC INSPECTION.

