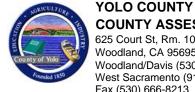
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
1. That as	
(officer)	
2. of the	
3. the mailing address of which is(give complete mailing address)	ZIP
4. the location of the property for which exemption is claimed is	ZIP
(give complete address)	
 That this claim for exemption is made for the 20 fiscal year on the lease That at least 30% of the housing are used for rental housing and related facilities for tenar in section 50079.5 of the Health and Safety Code or applicable federal, state, or local fir charged do not exceed the limits provided in section 50053 of the Health and Safety Code assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and The exemption cannot be allowed without the income affidavit. 	nts who are persons of low income as defined nancial as <mark>sistance ag</mark> reements and the rents e or appli <mark>ca</mark> ble federal, state, or local financia
	owner/operator is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally binding document requiring occupied by or held for occupancy by qualifying low-income tenants.	g that at least 30% of the housing units are

9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing - Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, *Exemption of Low-Income Tribal Housing*.

FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?			
Received by(Assessor's designee)				
	NAME			
Of (county or city)	ADDRESS (street, city, state, zip code)			
ON(date)				
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()			
CERTIFICATION				
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon,				

including any accompanying statements or documents, 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.

