EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Gus Kramer County Assessor

Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

2530 Arnold Drive, Suite 100

State of California, County of			
(name of person making claim)			
who is filing this claim as, or on behalf of, theherein, 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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption i			
(give c	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_	· · · · · · · · · · · · · · · · · · ·	roperty described above.	
6. That at least 30% of the housing are used for render in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claimath The exemption cannot be allowed without the incomparison.	tal housing and related facilities for tenants we e or applicable federal, state, or local financi ion 50053 of the Health and Safety Code or int affirming that the tenants' incomes and rer	who are persons of low income as defined cial assistance agreements and the rents applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owne	er/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (document inure to the benefit of any private shareholder) 		onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying l		at at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
0.0	<u> </u>		
On(date)	TANGULE BUOME NUMBER	ELAN ADDRESS	
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und	er the laws of the State of California that the	e foregoing and all information hereon,	
including any accompanying statements or do	ocuments, is true, correct and complete to th	ne 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.

