EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Thomas W. Lanshaw Inyo County Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

who is filing this claim as, or on behalf of, the		of the property described	
herein, states:	(tribe or tribally designated housing, owner and/or entity)		
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			
+. the location of the property for which exemption			
		ZIP	
(give	complete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for remain section 50079.5 of the Health and Safety Concharged do not exceed the limits provided in section assistance agreements. An affidavit by the claim. The exemption cannot be allowed without the integration.	de or applicable federal, state, or local financial tion 50053 of the Health and Safety Code or app ant affirming that the tenants' incomes and rents	assistance agreements and the rents plicable federal, state, or local financia	
7. That the property is owned and operated by an owner operator owner/operator			
[] a federally recognized tribe (documentatior	required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold		profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribes		
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)	
on			
(date)	DAYTIME PHONE NUMBER EMA		
		AIL ADDRESS	
I certify (or declare) under penalty of perjury und		regoing and all information hereon,	
	locuments, is true, correct and complete to the b		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

