EF-237-R04-0518-15000086-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Laura Avila Kern County Assessor and Recorder Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485

State of California, County of			
(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	(nome of tribe or tribelly designated beyoing orbits)		
	(name of tribe or tribally designated housing entity)	710	
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is c	laimed is		
		ZIP	
	lete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased p	roperty described above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the income section.	or applicable federal, state, or local finance 50053 of the Health and Safety Code or affirming that the tenants' incomes and rea	cial assistance agreements and the rents applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator own	er/operator	
[] a federally recognized tribe (documentation rec	រុuired for first time filers)		
 a tribally designated housing entity (documentation in the benefit of any private shareholder. 	tion required for first time filers) which is n	onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low		at at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, He 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 tril		
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)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		EMALADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under t including any accompanying statements or docu			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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