237-R04-0518-16000059-1 BOE-237 REV. 04 (05-18)	Kin	stine Lee gs County Assessor	
EXEMPTION OF LOW-INCOME TRIBA		W. Lacey Blvd. ord, CA 93230	
To receive the full exemption, this claim must be filed	with the Accessor by February 15	852-2486 559-582-2794	
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	(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 exer			
		ZIP	
	(give complete address) le 20 20 fiscal year on the leased p		
<ol> <li>inure to the benefit of any private sha</li> <li>That there is a deed restriction, agreeme occupied by or held for occupancy by qua</li> <li>BOE-237-A, Supplemental Affidavit for BC under the provisions of sections 251 and 2</li> </ol>	tation required for first time filers) cumentation required for first time filers) which is reholder. It, or other legally binding document requiring the fying low-income tenants. E-237, Housing — Lower-Income Households, is 54 of the Revenue and Taxation Code for those tr	nat at least 30% of the housing units also required to be filed with the Asse	
filing BOE-237, Exemption of Low-Income			
FOR ASSESSOR'S USE O	hours for	Whom should we contact during normal business hours for additional information?	
Received by	) NAME		
of	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
	y under the laws of the State of California that th or documents, is true, correct and complete to t		
SIGNATURE OF PERSON MAKING CLAIM		DATE	

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

