EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



who is filing this claim as, or on behalf of, the			of the property described		
	erein, states:	(tribe or tribally	designated housing, owner and/or enti	ty)	
1.	That as				
	(officer)				
2.	of the				
3.	3. the mailing address of which is		complete mailing address)	ZIP	
4.	the location of the property for which exemption is	claimed is			
	(nive con	mplete address)		ZIP	
	(give con				
5.	That this claim for exemption is made for the 20	- 20	fiscal year on the lease	d property described above.	
6.	That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the income	e or applicable on 50053 of th at affirming tha	e federal, state, or local fir le Health and Safety Code	ancial assistance agreements and the rents or applicable federal, state, or local financia	
7.	. That the property is owned and operated by an owner operator owner/operator				
	[] a federally recognized tribe (documentation required for first time filers)				
	[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.				
8.	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units ar occupied by or held for occupancy by qualifying low-income tenants.				
9.	BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F	e Revenue ar			
	FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business		
			hours	hours for additional information?	
	Received by(Assessor's designee)				
	(Assessor's designee)		NAME		
	of		ADDRESS (street, city, state, zip co	ode)	
	(county or city)				
	on				
	(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
				EWAILADDRESS	
_	I certify (or declare) under penalty of perjury unde including any accompanying statements or doc	er the laws of t	the State of California that		
SIC	GNATURE OF PERSON MAKING CLAIM		TITLE	DATE	
_			1		

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

