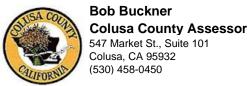
## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**



	ALIFORNIE	30) 458-0450
State of California, County of		
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the		of the property described
herein, states:	ribally designated housing, owner and/or entity,	or the property described
1. That as		
	(officer)	
2. of the	(8.11687)	
2. Of the	f 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 is claimed	İS	
		ZIP
(give complete addres	s)	
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affide	g and related facilities for tenants cable federal, state, or local fina of the Health and Safety Code of g that the tenants' incomes and	s who are persons of low income as defined uncial assistance agreements and the rents or applicable federal, state, or local financial
7. That the property is owned and operated by an $\  \  \  \  \  \  \  \  $ owner	operator ov	vner/operator
[ ] a federally recognized tribe (documentation required for	or first time filers)	
<ul> <li>a tribally designated housing entity (documentation req inure to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is	s nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-income		that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reventiling BOE-237, Exemption of Low-Income Tribal Housing.		
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business	
	hours to	or additional information?
Received by	- NAME	
Of(county or city)	ADDRESS (street, city, state, zip cod	e)
on(date)	-	
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	( )	
	ERTIFICATION	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents,		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

