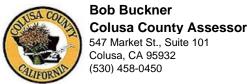
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



		LIFORNI	, (000	0) 430-0430
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 desi	ignated housing, owner an	d/or entity)	of the property described
. That as				
		(officer)		
2. of the	(name of tribe or tr	ibally designated housing	antifus)	
				710
B. the mailing address of which is	(give com	plete mailing address)		ZIP
the location of the property for which exemption is a	claimed is			
(give comm	plete address)			ZIP
(3				
5. That this claim for exemption is made for the 20	20	fiscal year on the	leased p	property described above.
5. 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 The exemption cannot be allowed without the incor	or applicable fe or 50053 of the I affirming that the	deral, state, or lo Health and Safety	cal finand Code or	icial assistance agreements and the rent applicable federal, state, or local financia
. That the property is owned and operated by an	owner	operator	own	ner/operator
[] a federally recognized tribe (documentation re	quired for first	time filers)		
[] a tribally designated housing entity (documenta inure to the benefit of any private shareholder.		or first time filers) v	vhich is r	nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low 			uiring th	hat at least 30% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho 	Revenue and			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by		NAME		
of	-	DDD500 / / / / //		
(county or city)	/	ADDRESS (street, city, stat	e, zip code)	
on				
	Ī	DAYTIME PHONE NUMBE	R	EMAIL ADDRESS
	()		
	CERTIFI			
I certify (or declare) under penalty of perjury under 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.

