EXEMPTION OF LOW-INCOME TRIBAL HOUSING

County of Inyo
Dave Stottlemyre, Assessor
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760 878-0302 Phone
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State of California, County of	ALIFORN'S	inyoassessor@inyocounty.us	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entit	y)	
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is	claimed is		
To the same	walsh address)	ZIP	
(give con	nplete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the lea	ased 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 sectio assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inco	or applicable federal, state, or local on 50053 of the Health and Safety Co t affirming that the tenants' incomes	financial assistance agreements and the rents ode or applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator	owner/operator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
[] a tribally designated housing entity (document inure to the benefit of any private shareholder		ch is nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying lo		ring that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, I under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal F.	e Revenue and Taxation Code for th		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
B	noul	5 for additional information:	
Received by	NAME		
of	ADDRESS (street_city_state_z	ADDRESS (street, city, state, zip code)	
(county or city)	, 155.1256 (61.561, 61.5), Glate, 2	ADDITEO (Sired, dily, state, 2p code)	
on(date)			
(uate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

