EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Laura Avila Kern County Assessor and Recorder **Exemptions Division** 1115 Truxtun Ave

State of California, County of		Folia	(661) 868-3485	001-4000
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the			of	the property described
herein, states:	(tribe or tribally designa	ated housing, owner and/or e	entity)	the property decembed
1. That as				
		(officer)		
2. of the	(name of tribe or tribali	ly designated housing entity	·/	
the mailing address of which is				_ ZIP
o. the maining address of which to	(give complet	e mailing address)		
4. the location of the property for which exemption is	claimed is			
				_ ZIP
(give com	plete address)			
5. That this claim for exemption is made for the 20	20 fise	cal year on the lea	sed property descr	ibed above.
6. That at least 30% of the housing are used for rental 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 claimant The exemption cannot be allowed without the income	or applicable feden 50053 of the He taffirming that the	eral, state, or local alth and Safety Co	financial assistance de or applicable fec	e agreements and the rents deral, 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 tim	ne filers)		
 a tribally designated housing entity (documents inure to the benefit of any private shareholder 		irst time filers) whic	ch is nonprofit and r	no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying lov			ing that at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Funder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H	e Revenue and Ta			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by	NAM			
of(county or city)	ADD	PRESS (street, city, state, zip	o code)	
(county or city)				
on				
, ,	DAY	TIME PHONE NUMBER	EMAIL ADDRESS	
)		
	CERTIFICA		-445	ad all infances Const
I certify (or declare) under penalty of perjury under including any accompanying statements or doct				
SIGNATURE OF PERSON MAKING CLAIM		TLE		DATE

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

