## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Laura Avila Kern County Assessor and Recorder Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485

(name of person making claim)			
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	me of 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 claim	ned is		
(give complete ac	1drass)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased propert	ty described above.	
6. That at least 30% of the housing are used for rental hous in section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affirr The exemption cannot be allowed without the income a	pplicable federal, state, or local financial as 053 of the Health and Safety Code or applic ming that the tenants' incomes and rents do	ssistance agreements and the ren cable federal, state, or local financi	
7. That the property is owned and operated by an 🗌 ow	ner operator owner/ope	erator	
[ ] a federally recognized tribe (documentation require	ed for first time filers)		
[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is nonpro	ofit and no part of those net earning	
<ol> <li>That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-ince</li> </ol>		least 30% of the housing units a	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housin under the provisions of sections 251 and 254 of the Rev filing BOE-237, Exemption of Low-Income Tribal Housin</li> </ol>	venue and Taxation Code for those tribes or		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	hours for additi	ional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
ON(date)			
	DAYTIME PHONE NUMBER EMAIL A	ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the l	laws of the State of California that the foreg nts, is true, correct and complete to the bes		
including any accompanying statements of document			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

