EF-237-R04-0518-15000453-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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

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 designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name 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			
(gi	ive complete address)	ZIP	
5. That this claim for exemption is made for the 2	20 20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for r in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in s assistance agreements. An affidavit by the clai The exemption cannot be allowed without the	Code or applicable federal, state, or local final ection 50053 of the Health and Safety Code o imant affirming that the tenants' incomes and r	ncial assistance agreements and the rents r applicable federal, state, or local financia	
7. That the property is owned and operated by a	in owner operator ow	ner/operator	
[] a federally recognized tribe (documentati	ion required for first time filers)		
[] a tribally designated housing entity (docur inure to the benefit of any private sharehous		nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifying		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-2 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tril	of the Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of (county or city)	ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
on			
(date)		EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury u			
including any accompanying statements or SIGNATURE OF PERSON MAKING CLAIM	r documents, is true, correct and complete to	the best of my knowledge and belief.	
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.