237-R04-0518-16000458-1 BOE-237 REV. 04 (05-18)		Kristine Lee Kings County Assessor 1400 W. Lacey Blvd.	
EXEMPTION OF LOW-INCOME TRIBAL HOL	JSING	Hanford, CA 93230	
To receive the full exemption, this claim must be filed with the	Assessor by February 15.	559-852-2486 Fax: 559-582-2794	
State of California, County of			
(name of person making claim)	<b>,</b>		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/c	r entity) of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing enti	(Y)	
3. the mailing address of which is		ZIP	
	(give complete mailing address)	2	
4. the location of the property for which exemption i	s claimed is		
		ZIP	
· · · · · · · · · · · · · · · · · · ·	omplete address)		
5. That this claim for exemption is made for the 20_	20 fiscal year on the le	ased property described above.	
assistance agreements. An affidavit by the claima The exemption cannot be allowed without the inc	come affidavit.	_	
7. That the property is owned and operated by an	owner operator	owner/operator	
[ ] a federally recognized tribe (documentation	required for first time filers)		
[ ] a tribally designated housing entity (document inure to the benefit of any private sharehold		ich is nonprofit and no part of those net earnir	
<ol> <li>That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying I</li> </ol>		iring that at least 30% of the housing units a	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal</li> </ol>	he Revenue and Taxation Code for th		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	nou		
Received by(Assessor's designee)	NAME		
of	ADDRESS (streat aity state	7/2 0040)	
Of(county or city)		ADDRESS (street, city, state, zip code)	
on			
(uale)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		

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

