EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Kristine Lee Kings County Assessor

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

| 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 desig | nated housing, owner and/or en | tity) of | the property described |
| 1. That as | | | | |
| - | | (officer) | | |
| 2. of the | (name of tribe or trib | ally designated housing entity) | | |
| 3. the mailing address of which is | | | | ZIP |
| ŭ | (give comp | lete mailing address) | | |
| 4. the location of the property for which exemption is | claimed is | | | |
| (give com | nplete address) | | | _ ZIP |
| ,,, | , , , , , , , , , , , , , , , , , , , | | | |
| 5. That this claim for exemption is made for the 20 | 20 fi | scal year on the lease | ed property descr | bed 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 inco | or applicable fed on 50053 of the H t affirming that th | deral, state, or local fill lealth and Safety Code | nancial assistanc e or applicable fed | e agreements and the rent deral, state, or local financia |
| 7. That the property is owned and operated by an | owner | operator | owner/operator | |
| [] a federally recognized tribe (documentation re | equired for first ti | me filers) | | |
| a tribally designated housing entity (documents inure to the benefit of any private shareholder | | first time filers) which | ı is nonprofit and ı | no part of those net earning |
| That there is a deed restriction, agreement, or otl occupied by or held for occupancy by qualifying lov | | | ng that at least 30 | % of the housing units are |
| BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H | e Revenue and T | | | |
| FOR ASSESSOR'S USE ONLY | | | | ng normal business |
| | | nours | for additional in | rormation? |
| Received by | | AME | | |
| of | _ | | | |
| Of(county or city) | AI | ODRESS (street, city, state, zip o | code) | |
| on | | | | |
| (date) | | AVTIME DUONE NUMBER | EMAIL ADDRESS | |
| | (| AYTIME PHONE NUMBER) | EMAIL ADDRESS | |
| | CERTIFIC | :ATION | | |
| I certify (or declare) under penalty of perjury under | | | at the foregoing of | nd all information hereon |
| including any accompanying statements or doct | | | | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE |
| | | | | |