EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

| (name of person making claim) | ; | |
|--|--|--|
| who is filing this claim as, or on behalf of, the | pally designated housing, owner and/or entity) | of the property described |
| 1. That as | | |
| | (officer) | |
| 2. of the | | |
| | ribe 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 claimed is | 3 | |
| | | |
| (give complete address) | | ZIP |
| | | |
| That this claim for exemption is made for the 20 20 | fiscal year on the leased prop | erty described above. |
| 6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 o assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidavit. | ble federal, state, or local financial f the Health and Safety Code or app that the tenants' incomes and rents | assistance agreements and the ren blicable federal, state, or local financi |
| 7. That the property is owned and operated by an owner | operator owner/o | operator |
| [] a federally recognized tribe (documentation required for | r first time filers) | |
| [] a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder. | ired for first time filers) which is non | profit and no part of those net earning |
| That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income | | at least 30% of the housing units a |
| BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. | | |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business hours for additional information? | |
| Received by | | |
| (Assessor's designee) | NAME | |
| of(county or city) | ADDRESS (street, city, state, zip code) | |
| | | |
| ON(date) | | |
| | DAYTIME PHONE NUMBER | AILADDRESS |
| | | |
| CEI I certify (or declare) under penalty of perjury under the laws | RTIFICATION of the State of California that the fo | regoing and all information hereon |
| including any accompanying statements or documents, is | | |
| | | DATE |
| SIGNATURE OF PERSON MAKING CLAIM | | |

