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		

