EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

B N N M M P P

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

St	ate of California, County of	-		
	(name of person making claim)	,		
who is filing this claim as, or on behalf of, the		y designated housing, owner and/or entity)	of the property described	
1.	That as			
		(officer)		
2.	of the	and the Head action and the continue and the A		
(name of tribe or tribally designated housing entity)				
3.	the mailing address of which is ZIP ZIP			
4.	the location of the property for which exemption is claimed is			
	(give complete address)		ZIP	
_				
	· — —	at this claim for exemption is made for the 20 20 fiscal year on the leased property described above.		
6.	5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.			
7.	That the property is owned and operated by an owner	operator ow	ner/operator	
	[] a federally recognized tribe (documentation required for first time filers)			
	[] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.	ed for first time filers) which is	nonprofit and no part of those net earnings	
8.	. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.			
9.	3OE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities iling BOE-237, Exemption of Low-Income Tribal Housing.			
	FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business		
	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours for additional information?		
	Received by(Assessor's designee)	NAME		
	(Assessed a designed)	NAME		
Of (county or city)		ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
	(county or city)			
	on			
	(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
_	CFR ³	TIFICATION		
_			on foregoing and all information have an	
	I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to			
SIC	GNATURE OF PERSON MAKING CLAIM	TITLE	DATE	