EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



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

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