37-R04-0518-22000251-1 BOE-237 REV. 04 (05-18)		Tammie Guenthart         Mariposa County Assessor         4982 10th St	
EXEMPTION OF LOW-INCOME TRIBAL HOUSING	OnO A	P.O. Box 35 Mariposa, CA 95338	
To receive the full exemption, this claim must be filed with the Assessor	r by February 15.	Ph: (209) 966-2332	
State of California, County of		Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm	
(name of person making claim)	<b>,</b>		
who is filing this claim as, or on behalf of, the	or tribally designated housing owner and/or	entity) of the property described	
nerein, states:			
1. That as			
	(officer)		
2. of the	of tribe or tribally designated housing entity	)	
3. the mailing address of which is		, ZIP	
	(give complete mailing address)	ZIF	
4. the location of the property for which exemption is claime	ed is		
		ZIP	
(give complete addr		ZIP	
5. That this claim for exemption is made for the 20 2	20 fiscal year on the lea	ased property described above.	
assistance agreements. An affidavit by the claimant affirmi The exemption cannot be allowed without the income affi 7 That the property is owned and operated by an organized	idavit.	_	
7. That the property is owned and operated by an own	er operator	owner/operator	
[ ] a federally recognized tribe (documentation required	d for first time filers)		
[ ] a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.	equired for first time filers) whi	ch is nonprofit and no part of those net earni	
<ol><li>That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incor</li></ol>		ring that at least 30% of the housing units	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filing BOE-237, Exemption of Low-Income Tribal Housing</li> </ol>	nue and Taxation Code for the		
FOR ASSESSOR'S USE ONLY		d we contact during normal business rs for additional information?	
Received by	NAME		
Of (county or city)	ADDRESS (street, city, state, z	ADDRESS (street, city, state, zip code)	
ON(date)			
(000)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
I certify (or declare) under penalty of perjury under the law			
including any accompanying statements or documents			
including any accompanying statements or documents SIGNATURE OF PERSON MAKING CLAIM		DATE	

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