EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

(name of person making claim)	······································		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
	(name of tribe 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			
(give	complete address)	ZIP	
5. That this claim for exemption is made for the 20			
charged do not exceed the limits provided in sec	de or applicable federal, state, or local financial a ction 50053 of the Health and Safety Code or appl ant affirming that the tenants' incomes and rents d	assistance agreements and the rent icable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	operator owner/operator	
[] a federally recognized tribe (documentation	n required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehol	entation required for first time filers) which is nonpo der.	rofit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 		t least 30% of the housing units ar	
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY	Whom should we cont	Whom should we contact during normal business hours for additional information?	
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
on			
(date)			
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	CERTIFICATION		
	der the laws of the State of California that the fore locuments, is true, correct and complete to the be		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
I TIS EXEMPTION CLAIM IS A	PUBLIC RECORD AND IS SUBJECT TO PUBL	IC INSPECTION.	

