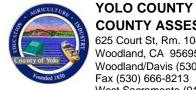
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

	(name of person making claim)		;	
	ho is filing this claim as, or on behalf of, the erein, states:	(tribe or tribal	ly designated housing, owner and/or entity)	of the property described
1.	That as			
			(officer)	
2	of the			
2. Of the				
3.	the mailing address of which is			ZIP
	0	(giv	e complete mailing address)	
4.	the location of the property for which exemption i	s claimed is		
				ZIP
	(give c	omplete address)		
5.	That this claim for exemption is made for the 20_	20	fiscal year on the leased proper	ty described above.
6.	That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent 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 owner/op	erator
	[] a federally recognized tribe (documentation required for first time filers)			
	[] a tribally designated housing entity (document inure to the benefit of any private sharehold		ed for first time filers) which is nonpr	ofit 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 ar occupied by or held for occupancy by qualifying low-income tenants.			
9.	BOE-237-A, <i>Supplemental Affidavit for BOE-237</i> , under the provisions of sections 251 and 254 of t filing BOE-237, <i>Exemption of Low-Income Tribal</i>	he Revenue a		
	FOR ASSESSOR'S USE ONLY	Whom should we contact durin		
			hours for addit	tional information?
	Received by			
	(Assessor's designee)		NAME	
	of		ADDRESS (street, city, state, zip code)	
	(county or city)			
	ON(date)			
			DAYTIME PHONE NUMBER EMAIL	ADDRESS
			()	
		CER	TIFICATION	
	I certify (or declare) under penalty of perjury und including any accompanying statements or do			
SIC	GNATURE OF PERSON MAKING CLAIM		TITLE	DATE
_				

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

