EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

(name of person making claim)				
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally	designated ho	using, owner and/or entity)	of the property described
1. That as				
		(officer)		
2. of the				
2. 01 (10)	(name of tribe	or tribally desig	nated housing entity)	
3. the mailing address of which is				ZIP
4. the location of the property for which exemption		complete mailir	ig address)	
(give a	complete address)			ZIP
		(l		
5. That this claim for exemption is made for the 20			ear on the leased	property described above.
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de or applicable tion 50053 of th an <mark>t a</mark> ffirming tha	e federal, s le Health a	state, or local fina and Safety Code o	ncial as <mark>sistance ag</mark> reements and the rent or appli <mark>ca</mark> ble federal, state, or local financia
7. That the property is owned and operated by an	owner	ope	erator 🗌 ow	ner/operator
[] a federally recognized tribe (documentation	required for fir	st time file	rs)	
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		d for first ti	me filers) which is	nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			ument requiring	that at least <mark>3</mark> 0% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue ar	nd Taxatio	n Code for those t	ribes or tribally designated housing entitie
FOR ASSESSOR'S USE ONLY				contact during normal business
			nours to	r additional information?
Received by				
(Assessor's designee)		NAME		
of		ADDRESS	(atract aity state tip and	5)
(county or city)		ADDITESS	(street, city, state, zip code	7)
ON(date)				
		DAYTIME F	HONE NUMBER	EMAIL ADDRESS
		()	
	CERT	FICATIO		
I certify (or declare) under penalty of perjury und	der the laws of t	he State o	of California that t	
including any accompanying statements or d SIGNATURE OF PERSON MAKING CLAIM				
		L E		DAIL

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

