## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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



State of California, County of					
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states:  1. That as	(tribe or tribally des	ignated housing, owner and/or entity)	of	the property described	
		(officer)			
2. of the	(name of tribe or tri	bally designated housing entity)			
3. the mailing address of which is	(aire some	oplete mailing address)		ZIP	
4. the location of the property for which exemption is c		plete maining address)		ZIP	
5. That this claim for exemption is made for the 20	20	fiscal year on the leased p	roperty descri	bed above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant at The exemption cannot be allowed without the income.	r applicable for 50053 of the laftirming that t	ederal, state, or local finand Health and Safety Code or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agree <mark>me</mark> nts and the rents eral, state, or local financia	
7. That the property is owned and operated by an	owner	operator own	er/operator		
[ ] a federally recognized tribe (documentation rec	quired for first	time filers)			
<ul><li>[ ] a tribally designated housing entity (documental inure to the benefit of any private shareholder.</li><li>8. That there is a deed restriction, agreement, or other contents.</li></ul>	er legally bind	ling document requiring th			
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hounder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho	ousing — Low Revenue and	er-Income Households, is a Taxation Code for those tri  Whom should we	bes or tribally	designated housing entities g normal business	
Received by (Assessor's designee)	i	NAME			
Of(county or city)	7	ADDRESS (street, city, state, zip code)			
On(date)					
(vaic)	ī 	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
	CERTIFI	CATION			
I certify (or declare) under penalty of perjury under t including any accompanying statements or documents	the laws of the	State of California that the			
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

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

