EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

(name of person making claim)	;		
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	e of tribe or tribally designated housing entity)		
	e of the of theally designated housing entity)	ZIP	
 the mailing address of which is the location of the property for which exemption is claime (give complete addle) 		ZIP	
. That this claim for exemption is made for the 202		perty described above.	
5. That at least 30% of the housing are used for rental housi in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005 assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income affi	licable federal, state, or local financia 3 of the Health and Safety Code or an ing that the tenants' incomes and rents	al as <mark>sistance ag</mark> reements and the rer opli <mark>ca</mark> ble federal, st <mark>at</mark> e, or local financ	
. That the property is owned and operated by an own	er operator owner	/operator	
[] a federally recognized tribe (documentation required	I for first time filers)		
[] a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.	equired for first time filers) which is not	nprofit and no part of those net earnin	
 That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-income income and the second seco		at least <mark>3</mark> 0% of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing 	nue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		ntact during normal business	
	hours for ac	Iditional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)	—		
	DAYTIME PHONE NUMBER	/AIL ADDRESS	
I certify (or declare) under penalty of perjury under the la	CERTIFICATION ws of the State of California that the f	oregoing and all information hereon,	
including any accompanying statements or documents			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

