EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Office of the Assessor **Kings County**

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
2. 01 010	(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 is c	claimed is	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased p	roperty described 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 of The exemption cannot be allowed without the income.	or applicable federal, state, or local finance 50053 of the Health and Safety Code or affirming that the tenants' incomes and re	cial as <mark>sis</mark> tance agree <mark>me</mark> nts and the rents appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financial	
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)		
 a tribally designated housing entity (documental inure to the benefit of any private shareholder. 	tion required for first time filers) which is r	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low		nat at least 30% of the housing units are	
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 House	Revenue and Taxation Code for those tri		
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()	EMAIL ADDRESS	
	CERTIFICATION		
Leartify (or declare) under senably of perium under		o foregoing and all information harass	
I certify (or declare) under penalty of perjury under to including any accompanying statements or docu-			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
<u>F</u>	I .	<u> </u>	