EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Ms. Sharon Moeller **Los Angeles County Assessor**

500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or entity)	of	the property described
1. That as			
	(officer)		
2. of the			
(name of tr	ibe 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 claimed is	5/2		ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	property descri	bed above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 o assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidavit.	ble federal, state, or local finan f the Health and Safety Code or that the tenants' incomes and re	icial as <mark>sis</mark> tance appli <mark>cable fec</mark>	e agree <mark>me</mark> nts and the rents <mark>Jera</mark> l, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an owner	operator owr	ner/operator	
[] a federally recognized tribe (documentation required for	first time filers)		
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	ired for first time filers) which is	nonprofit and r	o part of those net earnings
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income		nat at least 30	% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. 			
FOR ASSESSOR'S USE ONLY		contact durin additional int	ng normal business formation?
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
on			
(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	PTIEICATION	1	
	RTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE

