EF-237-R03-0208-22000216-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Vincent P. Kehoe County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

State of California, County of	Fax: (209) 966-5719
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe o	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	e of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	d is
) /.) A
	ess) ZIP
5. That this claim for exemption is made for the 202	fiscal year on the leased property described above.
	ng and related facilities for tenants who are persons of low income as defined
	licab <mark>le federal, state, or local f</mark> inancial a <mark>ssistance agreem</mark> ents and the rents 3 <mark>of the Health and Safety Co</mark> de or appli <mark>ca</mark> ble federal, st <mark>at</mark> e, or local financia
	ng that the tenants' incomes and rents do not exceed those limits is attached
The exemption cannot be allowed without the income affice	
7. That the property is owned and operated by an owned	er operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
[] a tribally designated housing entity (documentation re	equired for first time filers) which is nonprofit and no part of those net earnings
inure to the benefit of any private shareholder.	
	ally bin <mark>din</mark> g document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-incor	me tenants.
	g — Lower-Income Households, is also required to be filed with the Assessor
under the provisions of sections 251 and 254 of the Rever filing BOE-237, Exemption of Low-Income Tribal Housing	nue and Taxation Code for those tribes or tribally designated housing entities
	Whom should we contact during normal business
FOR ASSESSOR'S USE ONLY	hours for additional information?
Received by	
(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	_
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
(CERTIFICATION
	ws of the State of California that the foregoing and all information hereon,
Including any accompanying statements or documents SIGNATURE OF PERSON MAKING CLAIM	s, is true, correct and complete to the best of my knowledge and belief. TITLE DATE
OTOTAL OLD PERSON WANTING CEATIVE	I DATE

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

