EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 www.ocgov.com/assessor

who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	(name of tribe or tribally designated housing entity)	
2 the mailing address of which is		
3. the mailing address of which is	(give complete mailing address)	
4. the location of the prop <mark>erty</mark> for which exemption	is claimed is	
(give (complete address)	ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased pro	operty described above.
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de or applicable federal, state, or local financi tion 50053 of the Health and Safety Code or a ant affirming that the tenants' income <mark>s</mark> and ren	al as <mark>sistance ag</mark> reements and the rent ppli <mark>ca</mark> ble federal, state, or local financia
7. That the property is owned and operated by an	owner operator owne	r/operator
[] a federally recognized tribe (documentation	required for first time filers)	
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold		onprofit and no part of those net earning
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		t at least 30% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue and Taxation Code for those trib	
FOR ASSESSOR'S USE ONLY		ontact during normal business dditional information?
	nours for a	
Received by	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
ON(date)		
	DAYTIME PHONE NUMBER	MAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury und including any accompanying statements or d		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

