EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

State of California, County of		
(name of person making claim)		of the property described
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
	(give complete mailing address)	
4. the location of the property for which exemption is claimed	IS	
-		ZIP
(give complete addres:	s)	
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased prop	perty described above.
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida	cable federal, state, or local financial of the Health and Safety Code or ap g that the tenants' incomes and rents	l assistance agreements and the rents plicable federal, state, or local financial
7. That the property is owned and operated by an owner	operator owner/	operator
[] a federally recognized tribe (documentation required for	or first time filers)	
 a tribally designated housing entity (documentation req inure to the benefit of any private shareholder. 	uired for first time filers) which is non	profit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income		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 Revenu filing BOE-237, Exemption of Low-Income Tribal Housing. 	ue and Taxation Code for those tribes	
	Whom should we contact during normal business	
	hours for add	ditional information?
Received by	- NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
On(date)	_	
	DAYTIME PHONE NUMBER EM.	AIL ADDRESS
	()	
CE	ERTIFICATION	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents,		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE