EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed by 5:00 p.m., February 15.

State of California, County of		
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	bally designated housing, owner and/or entity)	of the property described
herein, states:	bally designated housing, owner and/or entity)	
1. That as		A
	(officer)	
2. of the		4
(name of t	ribe 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 in	S	
		30
·	ive complete address)	O.
ZIP Assessor's Parcel Number:		Y
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased	property 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 applica		
charged do not exceed the limits provided in section 50053 of		
assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida		ents do not exceed those limits is attached.
7. That the property is owned and operated by an owner		ner/operator
		nerroperator
[] a federally recognized tribe (documentation required fo		
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	ired for first time filers) which is	nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income		that at least 30% of the housing units are
9. 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.	e and Taxation Code for those to	ribes or tribally designated housing entities
ming Bot Zor, Examplion of Zon modific Tribal Floating.		
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?	
Provinced by	mound for	
Received by	NAME	
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Of(county or city)	ADDRESS (street, city, state, zip code)	
ON(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CE	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws	of the State of California that th	ne foregoing and all information herein,
including any accompanying statements or materials, is		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
_	The state of the s	1