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	or tribally designated housing, owner and/or entity)	of the property described	
herein, states:	or tribany designated nousing, owner and/or entity)		
1. That as			
	(officer)		
2. of the			
(nam	e of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
A 4h - 1 4i			
4. the location of the property for which exemption is claim	ed is		
		0	
	(give complete address)		
ZIP Assessor's Parcel Number:			
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 hous		•	
in section 50079.5 of the Health and Safety Code or ap	olicable federal, state, or local financia	I assistance agreements and the rents	
charged do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affirm			
The exemption cannot be allowed without the income af		do not exceed those limits is attached.	
7. That the property is owned and operated by an own		operator	
[] a federally recognized tribe (documentation require		opolato.	
		and the second s	
[] a tribally designated housing entity (documentation in inure to the benefit of any private shareholder.	equired for first time filers) which is nor	iprofit and no part of those het earnings	
That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-incomment.		at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housin	na — Lower-Income Households. is als	o required to be filed with the Assessor	
under the provisions of sections 251 and 254 of the Reve	enue and Taxation Code for those tribe		
filing BOE-237, Exemption of Low-Income Tribal Housin	g.		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
	hours for ad	ditional information?	
Received by(Assessor's designee)	NAME		
~ O`			
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
(coasy a bay)			
on(date)			
, ,	DAYTIME PHONE NUMBER EM	AIL ADDRESS	
	()		
	CERTIFICATION		
Loorlife (or doctors) under nanethi of nations and the L		progeing and all information have	
I certify (or declare) under penalty of perjury under the la including any accompanying statements or materials			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	