## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

Laura Avila
Kern County Assessor and Recorder
Exemptions Division
1115 Truxtun Ave
Bakersfield, CA 93301-4639
(661) 868-3485

State of California, County of	(661) 8	868-3485	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	me of tribe 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 claim	ned is		
(give complete ac	ddress)	ZIP	
	•		
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for rental housin section 50079.5 of the Health and Safety Code or appeared do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affire The exemption cannot be allowed without the income a	oplicable federal, state, or local financian 053 of the Health and Safety Code or a ming that the tenants' incomes and rent	al assistance agreements and the rents pplicable federal, state, or local financial	
7. That the property is owned and operated by an ow	ner operator owner	operator of the control of the contr	
[ ] a federally recognized tribe (documentation require	ed for first time filers)		
[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is no	nprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inc		t at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housi under the provisions of sections 251 and 254 of the Rev filing BOE-237, Exemption of Low-Income Tribal Housin	venue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
On(date)			
	DAYTIME PHONE NUMBER EI	MAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or documen	laws of the State of California that the t		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

