EF-237-R04-0518-54000407-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

State of California, County of			
(name of person making claim)	5		
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)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption i	is claimed is		
(give co	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased p	roperty described above.	
6. That at least 30% of the housing are used for rend in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claima The exemption cannot be allowed without the inc	le or applicable federal, state, or local finance ion 50053 of the Health and Safety Code or ant affirming that the tenants' incomes and rea	cial assistance agreements and the rents applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator own	er/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private sharehold 		onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying I		at at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal	he Revenue and Taxation Code for those tril		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und	ler the laws of the State of California that the		
including any accompanying statements or do			

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