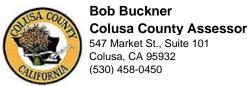
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



State of California County of		ALIFORNI	(330) 430-0430
State of California, County of			
(name of person making claim)			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally des	ignated housing, owner and/or enti	of the property described
1. That as			
		(officer)	
2. of the	(name of tribe or tr	ibally designated housing entity)	
3. the mailing address of which is		plete mailing address)	ZIP
4. the location of the property for which exemption	n is claimed is		
·			ZIP
(give	e complete address)		
5. That this claim for exemption is made for the 20	0 20	fiscal year on the lease	ed property described above.
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in seassistance agreements. An affidavit by the claim. The exemption cannot be allowed without the in	ode or applicable fe ction 50053 of the l nant affirming that the	deral, state, or local fir Health and Safety Code	nancial assistance agreements and the re e or applicable federal, state, or local finance
7. That the property is owned and operated by an	owner [operator o	owner/operator
[] a federally recognized tribe (documentatio	n required for first	time filers)	
 a tribally designated housing entity (docum inure to the benefit of any private sharehol 		or first time filers) which	is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			g that at least 30% of the housing units
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	f the Revenue and		
FOR ASSESSOR'S USE ONLY			we contact during normal business for additional information?
Received by			
(Assessor's designee)	ī	IAME	
of		DDDDD00 (storet site state size	-4-1
(county or city)		ADDRESS (street, city, state, zip co	oae)
on(date)			
(uait)	ī	DAYTIME PHONE NUMBER	EMAIL ADDRESS
)	
	CERTIFI	CATION	
I certify (or declare) under penalty of perjury un	nder the laws of the	State of California that	
including any accompanying statements or o	documents, is true,	·	
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE

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

