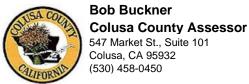
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



State of California, County of			LIFORNI (SS	-,	
(name of person making claim)	,				
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally des	ignated housir	ng, owner and/or entity)	of	the property described
1. That as					
		(officer)			
2. of the	(name of tribe or ti	ribally designa	ed housing entity)		
the mailing address of which is					ZIP
o. the maining address of which to	(give con	nplete mailing a	address)		
4. the location of the property for which exemption	is claimed is				
(give c	omplete address)				_ ZIP
5. That this claim for exemption is made for the 20_	- 20	fiscal yea	r on the leased p	property descri	bed above.
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income.	tal housing and re le or applicable fe tion 50053 of the ant affirming that t	elated faci ederal, sta Health an	lities for tenants ite, or local finan d Safety Code or	who are perso cial assistance applicable fec	ns of low income as defined e agreements and the rents leral, state, or local financial
7. That the property is owned and operated by an	owner	opera	itor owr	ner/operator	
[] a federally recognized tribe (documentation	required for first	time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		or first time	e filers) which is	nonprofit and r	o part of those net earnings
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			ment requiring th	nat 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 tilling BOE-237, Exemption of Low-Income Tribal	the Revenue and				
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?			
Received by					
(Assessor a designee)		NAME			
of(county or city)		ADDRESS (str	eet, city, state, zip code)		
on					
ON(date)		DAVIME DU	NE NUMBER	EMAIL ADDDECC	
		DAY IIME PHO	ONE NUMBER	EMAIL ADDRESS	
	CERTIFI	CATION			
I certify (or declare) under penalty of perjury und	ler the laws of the	State of			
including any accompanying statements or do	ocuments, is true,	TITLE	na complete to t	ne best of my	Knowledge and belief.
		1			I .

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

