EF-237-R03-0208-07000696-1 BOE-237 REV. 03 (02-08)

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

G C 25 Mi FA Te

## Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400

State of California, County of		http://www.cccounty.us/assessor		
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designa	ated housing, owner and/or en	tity) of	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or triba	ly designated housing entity)		
3. the mailing address of which is		te mailing address)		_ ZIP
4. the location of the property for which exemption is o				
(rive comp	lete address)			_ ZIP
(give comp.	icic address)			
5. That this claim for exemption is made for the 20	20 fis	cal year on the lease	ed property descr	ibed above.
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant of The exemption cannot be allowed without the income.	or applicable fede 50053 of the He affirming that the	eral, state, or local fi alth and Safety Code	nancial assistanc e or applicable fec	e agreements and the rents deral, state, or local financial
7. That the property is owned and operated by an	owner	operator	owner/operator	
[ ] a federally recognized tribe (documentation red	quired for first tin	ne filers)		
<ul> <li>a tribally designated housing entity (documenta inure to the benefit of any private shareholder.</li> </ul>	tion required for t	irst time filers) which	is nonprofit and r	no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low			g that at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hounder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Houndary	Revenue and Ta			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by		ΛΕ		
of(county or city)	ADE	ADDRESS (street, city, state, zip code)		
on(date)				
	DAY	TIME PHONE NUMBER	EMAIL ADDRESS	
	(	)		
Loodify (or doctors) under society of society and	CERTIFICA		at the foregoing =	ad all information harass
I certify (or declare) under penalty of perjury under including any accompanying statements or docu				
SIGNATURE OF PERSON MAKING CLAIM	Т	TLE		DATE

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

