EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



County of Inyo Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

who is filing this claim as, or on behalf of, the		e or tribally designated housing, owner and/or entity)	ribally designated housing, owner and/or entity)	
1.	That as			
		(officer)		
2.	(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 is claim			
	(give complete au	ddress)	ZIP	
5.	That this claim for exemption is made for the 20	20 fiscal year on the leased p	property described above.	
6.	5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.			
7.	. That the property is owned and operated by an owner operator owner/operator			
	[] a federally recognized tribe (documentation required 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	nonprofit and no part of those net earnings	
8.	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units ar occupied by or held for occupancy by qualifying low-income tenants.			
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 tr		
	FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	Received by(Assessor's designee)	NAME		
	ADDRESS (street, city, state, zip code)			
	on			
		DAYTIME PHONE NUMBER	EMAILADDRESS	
		()		
_		CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and b				
SI	GNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

