EF-237-R04-0518-14000044-1
BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of _____

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



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

DATE

(name of person making claim)	1		
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		ZIP	
	(give complete mailing address)		
4. the location of the property for which exemption	n is claimed is		
		ZIP	
	complete address)		
5. That this claim for exemption is made for the 20			
6. That at least 30% of the housing are used for real in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the ir	de or applicable federal, state, or local finar ction 50053 of the Health and Safety Code o ant affirming that the tenants' incomes and re	ncial assistance agreements and the rent r applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator own	ner/operator	
[] a federally recognized tribe (documentation	n required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		nonprofit and no part of those net earning	
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		that at least 30% of the housing units ar	
 BOE-237-A, Supplemental Affidavit for BOE-233 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue and Taxation Code for those to		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM