EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Laura Avila
Kern County Assessor and Recorder
Exemptions Division
1115 Truxtun Ave
Bakersfield, CA 93301-4639
(661) 868-3485

State of California, County of		PARTY	Bakersfield, CA 93 (661) 868-3485	301-4639
otate of camornia, county of				
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the			O	f the property described
herein, states:	(tribe or tribally des	signated housing, owner and/or el	ntity)	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or t	ribally designated housing entity)		
2. the median address of which is				710
the mailing address of which is	(give con	nplete mailing address)		_ ZIP
4. the location of the property for which exemption is	s claimed is			
- China sa	wantata addus aa)			_ ZIP
(give co	mplete address)			
5. That this claim for exemption is made for the 20_	20	fiscal year on the leas	ed property descr	ibed above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the inc	e or applicable for on 50053 of the nt affirming that t	ederal, state, or local f Health and Safety Cod	inancial assistanc le or applicable fe	e agreements and the rents deral, state, or local financia
7. That the property is owned and operated by an $\left[\right.$	owner	operator	owner/operator	
[] a federally recognized tribe (documentation	required for first	time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private shareholder) 		or first time filers) which	h is nonprofit and i	no part of those net earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying le			ng that at least 30	0% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal	ne Revenue and			
FOR ASSESSOR'S USE ONLY			we contact duri	ng normal business
		nours	i or additional in	iormation?
Received by		NAME		
Of(county or city)		ADDRESS (street, city, state, zip code)		
on				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()	EMAIL ADDRESS	
	CERTIF	CATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or do	er the laws of the	State of California the		
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

