## **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		<b>7750</b> R8 (6	(661) 868-3485	
	,			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally des	signated housing, owner and/or entit	of	the property described
That as				
		(officer)		
2. of the	(name of tribe or t	ribally designated housing entity)		
the mailing address of which is				_ ZIP
4. the location of the property for which exem		,,		
	(give complete address)			_ ZIP
5. That this claim for exemption is made for the				
<ol> <li>That at least 30% of the housing are used to in section 50079.5 of the Health and Safet charged do not exceed the limits provided it assistance agreements. An affidavit by the The exemption cannot be allowed without</li> </ol>	ty Code or applicable for in section 50053 of the claimant affirming that t	ederal, state, or local fina Health and Safety Code	ancial assistance or applicable fec	e agreements and the rents deral, state, or local financial
7. That the property is owned and operated by	oy an owner[	operator o	wner/operator	
[ ] a federally recognized tribe (document	ntation required for first	time filers)		
<ul> <li>a tribally designated housing entity (do inure to the benefit of any private share</li> </ul>		or first time filers) which i	s nonprofit and r	no part of those net earnings
That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.				
9. BOE-237-A, Supplemental Affidavit for BO under the provisions of sections 251 and 2 filing BOE-237, Exemption of Low-Income	54 of the Revenue and			
FOR ASSESSOR'S USE ON	NLY	Whom should we contact during normal business hours for additional information?		
Received by		NAME		
of(county or city)	:	ADDRESS (street, city, state, zip cod	de)	
on(date)				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		( )		
Loorlify for dealars) under nanelly of name	CERTIFI		the foressine ==	nd all information harasa
I certify (or declare) under penalty of perju- including any accompanying statements				
SIGNATURE OF PERSON MAKING CLAIM		TITLE	<u>_</u>	DATE
<u>r</u>		1		

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

