EF-237-R04-0518-15000597-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



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

| State of California, County of | | | |
|---|--|--|--|
| (name of person making claim) | , | | |
| 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 | (give complete mailing address) | ZIP | |
| 4. the location of the property for which exemption | | | |
| (give | e complete address) | ZIP | |
| 5. That this claim for exemption is made for the 20 | 0 20 fiscal year on the leased | property described above. | |
| 6. That at least 30% of the housing are used for re- in section 50079.5 of the Health and Safety Co- charged do not exceed the limits provided in se assistance agreements. An affidavit by the claim The exemption cannot be allowed without the i | ode or applicable federal, state, or local fina oction 50053 of the Health and Safety Code of nant affirming that the tenants' incomes and r | ncial assistance agreements and the rents or applicable federal, state, or local financia | |
| 7. That the property is owned and operated by an | n owner operator ow | ner/operator | |
| [] a federally recognized tribe (documentation | on required for first time filers) | | |
| a tribally designated housing entity (docum inure to the benefit of any private shareho | | nonprofit and no part of those net earnings | |
| 8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying | | that at least 30% of the housing units are | |
| 9. BOE-237-A, <i>Supplemental Affidavit for BOE-23</i> under the provisions of sections 251 and 254 or filing BOE-237, <i>Exemption of Low-Income Tribe</i> | f the Revenue and Taxation Code for those t | | |
| FOR ASSESSOR'S USE ONLY | | Whom should we contact during normal business hours for additional information? | |
| Received by(Assessor's designee) | NAME | | |
| of (county or city) | ADDRESS (street, city, state, zip code | ADDRESS (street, city, state, zip code) | |
| on(date) | | | |
| (date) | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | () | | |
| | CERTIFICATION | | |
| I certify (or declare) under penalty of perjury ur | | | |
| including any accompanying statements or of SIGNATURE OF PERSON MAKING CLAIM | documents, is true, correct and complete to | the best of my knowledge and belief. | |
| | LINE | DATE | |

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

