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	or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	ne of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is claime	ed is	
(give complete add	dress)	ZIP
5. That this claim for exemption is made for the 20 2	·	erty described above
6. That at least 30% of the housing are used for rental hous in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5008 assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income affirm	plicable federal, state, or local financial 53 of the Health and Safety Code or app ning that the tenants' incomes and rents	assistance agreements and the rents blicable federal, state, or local financial
7. That the property is owned and operated by an own	ner operator owner/o	perator
[] a federally recognized tribe (documentation required	d for first time filers)	
 a tribally designated housing entity (documentation r inure to the benefit of any private shareholder. 	required for first time filers) which is nonp	profit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legoccupied by or held for occupancy by qualifying low-income.		at least 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Rever filing BOE-237, Exemption of Low-Income Tribal Housing 	enue and Taxation Code for those tribes	
FOR ASSESSOR'S USE ONLY		tact during normal business
	hours for add	litional information?
Received by(Assessor's designee)	NAME	
af.		
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)	DAYTIME PHONE NUMBER EMA	NIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the la		
including any accompanying statements or document	ts, is true, correct and complete to the b	DATE
SIGNATIONE OF FEMOUR MAINING GEARING	The	DAIL

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

