EF-237-R03-0208-20000766-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

State of California, County of		www.maderacounty.com/government/assessor	
	<del></del> ,		
who is filing this claim as, or on behalf of, the of the property desherein, states: of the property desherein, states:		of the property described	
1. That as			
2. of the	(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 is cla	imed is		
(give complete	address)	ZIP	
5. That this claim for exemption is made for the 20	្ន - 20 fiscal year on the leased រុ	property described above.	
6. That at least 30% of the housing are used for rental hour in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5 assistance agreements. An affidavit by the claimant affine exemption cannot be allowed without the income	applicable federal, state, or local finar 0053 of the Health and Safety Code or firming that the tenants' incomes and re	ncial assistance agreements and the rents r applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator own	ner/operator	
[ ] a federally recognized tribe (documentation requ	ired for first time filers)		
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	on required for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-ir		hat at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hou under the provisions of sections 251 and 254 of the Refilling BOE-237, Exemption of Low-Income Tribal House	evenue and Taxation Code for those tr		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on(date)			
(1217)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or documents.			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

