EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

200 West 4th Street

Brett Frazier Madera County Assessor

Madera, CA 93637-3548 Phone: (559) 675-7710

Fax: (559) 675-7654	
www.maderacounty.co	m/government/assesso

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		ZIP	
o. The maining address of which is	(give complete mailing address)		
4. the location of the property for which exemption is	claimed is		
(ei) a a a	nplete address)	ZIP	
	,		
5. That this claim for exemption is made for the 20		•	
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the incompanies.	or applicable federal, state, or local financial on 50053 of the Health and Safety Code or app t affirming that the tenants' incomes and rents	assistance agreements and the rent plicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/o	perator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
[] a tribally designated housing entity (document inure to the benefit of any private shareholder		profit and no part of those net earning	
That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying lo		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, I under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal F 	e Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
	nours for add	litional information?	
Received by	NAME		
•			
Of(county or city)	ADDRESS (street, city, state, zip code)		
on			
(date)			
	DAYTIME PHONE NUMBER EMA	AL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	