EF-237-R03-0208-22000368-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

B C P M P P

Becky Crafts County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

State of California, County of	USA O		
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the		of the property described	
nerein, states:	ibe or tribally designated housing, owner and/or entity)		
1. That as			
	(officer)		
2. of the	name of tribe or tribally designated housing entity)		
3. the mailing address of which is		ZIP	
5. The maining address of miles to	(give complete mailing address)		
4. the location of the property for which exemption is clair	med is		
		ZIP	
(give complete a	address)		
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased pro	operty described above.	
5. That at least 30% of the housing are used for rental hou in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income and the section of the	pplicable federal, state, or local financi 1053 of the Health and Safety Code or a rming that the tenants' incomes and ren	ial assistance agreements and the rents applicable federal, state, or local financia	
7. That the property is owned and operated by an ov	wner operator owne	r/operator	
[] a federally recognized tribe (documentation require	red for first time filers)		
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	n required for first time filers) which is no	onprofit and no part of those net earnings	
 That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-inc 		at at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, House under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal House 	venue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	nours for a	uditional information?	
Received by	NAME		
Of(county or city)	ADDRESS (street, city, state, zip code)		
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
N			

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

