EF-237-R03-0208-22000364-1 BOE-237 REV. 03 (02-08)

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

FOR COMPANY OF COMPANY

## Becky Crafts County of Mariposa Assessor/Recorder

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

State of California, County of	USA US		
(name of person making claim)	<del></del> ,		
who is filing this claim as, or on behalf of, the	tribe or tribally designated housing, owner and/or entity) of the property described		
1. That as			
2. of the	(officer)		
(n.	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 clair	med is		
(give complete a	address)	ZIP	
	,		
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased prope	rty 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 a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affire The exemption cannot be allowed without the income an exemption.	applicable federal, state, or local financial a 0053 of the Health and Safety Code or appli rming that the tenants' incomes and rents d	assistance agreements and the rents icable federal, state, or local financial	
7. That the property is owned and operated by an ov	wner operator owner/op	perator	
[ ] a federally recognized tribe (documentation requir	red for first time filers)		
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	n required for first time filers) which is nonpr	rofit 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-inc		t least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hous under the provisions of sections 251 and 254 of the Refiling BOE-237, Exemption of Low-Income Tribal Housi	evenue and Taxation Code for those tribes of		
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			
	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	

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

