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

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



## Vincent P. Kehoe County of Mariposa Assessor/Recorder

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

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			
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 o	claimed is		
		ZIP	
(give comp	lete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incon	or applicable federal, state, or local fina or 50053 of the Health and Safety Code or affirming that the tenants' incomes and r	ncial assistance agreements and the rent or applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator ow	ner/operator	
[ ] a federally recognized tribe (documentation rec	quired for first time filers)		
[ ] a tribally designated housing entity (documenta inure to the benefit of any private shareholder.	tion required for first time filers) which is	nonprofit and no part of those net earnings	
<ol><li>That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low</li></ol>		that at least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, He under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho</li> </ol>	Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	Tiours to	additional information:	
Received by	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 including any accompanying statements or docu			
SIGNATURE OF PERSON MAKING CLAIM	·		
SIGNALURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

