State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 22000 Santa Ana, CA 92702-2000

		(714) 834-3775 www.ocassessor.gov		
(name of person making claim)	·,			
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally desi	ignated housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or tri	ibally designated housing entity)		
3. the mailing address of which is	(give com	plete mailing address)		ZIP
4. the location of the property for which exemption is o	claimed is			
(give comp	lete address)			_ ZIP
	ioto dadi cooj			
5. That this claim for exemption is made for the 20	20 1	fiscal year on the leased p	roperty descril	bed 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 incom	or applicable fe 50053 of the laffirming that the	deral, state, or local finand Health and Safety Code or	cial assistance applicable fed	e agreements and the rents eral, state, or local financial
7. That the property is owned and operated by an	owner	operator own	er/operator	
[] a federally recognized tribe (documentation required for first time filers)				
 a tribally designated housing entity (documenta inure to the benefit of any private shareholder. 	tion required fo	or first time filers) which is r	nonprofit and n	o part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low			at at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho	Revenue and			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by		NAME		
Of(county or city)	\ \bar{A}	ADDRESS (street, city, state, zip code)		
on	-			
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
)	LWAIL ADDICESS	
	CERTIFIC	CATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or docu				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

