EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



who is filing this claim as, or on behalf of, the			of the property described	
he	erein, states:	(tribe or tribally designated housing, owner and/or entit	ty)	
1.	That as			
		(officer)		
2.	of the			
3.	the mailing address of which is	(give complete mailing address)	ZIP	
4.	the location of the property for which exemption is	claimed is		
	(rive co	mplete address)	ZIP	
5.	That this claim for exemption is made for the 20_	20 fiscal year on the lease	d property described above.	
6.	That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as define in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financia assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.			
7.	. That the property is owned and operated by an owner operator owner/operator			
	[] a federally recognized tribe (documentation required for first time filers)			
	[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.			
8.	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units ar occupied by or held for occupancy by qualifying low-income tenants.			
9.	BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal	e Revenue and Taxation Code for those		
	FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business	
		hours f	or additional information?	
	Received by(Assessor's designee)			
	(Assessor's designee)	NAME		
	of	ADDRESS (street, city, state, zip co	nde)	
	(county or city)			
	on			
	(date)			
		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
_	I certify (or declare) under penalty of perjury under	CERTIFICATION	the foregoing and all information bereon	
	including any accompanying statements or do			
SIC	GNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
_			1	

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

