EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

(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			
	(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			
		ZIP	
(give	complete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for re in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the in	de or applicable federal, state, or local financia tion 50053 of the Health and Safety Code or an ant affirming that the tenants' incomes and rents	al assistance agreements and the rent oplicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner.	/operator	
[] a federally recognized tribe (documentation	n required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehol	entation required for first time filers) which is nor der.	nprofit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 		at least 30% of the housing units ar	
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
on			
(date)			
	DAYTIME PHONE NUMBER	/AIL ADDRESS	
I certify (or declare) under penalty of perjury un	CERTIFICATION der the laws of the State of California that the f	oregoing and all information hereon	
	locuments, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
	PUBLIC RECORD AND IS SUBJECT TO PU		
THIS EXEMPTION CLAIMING A	I OBLIG ILLOOND AND IS SUBJECT TO PU		

