EF-237-R03-0208-54000662-1 BOE-237 REV. 03 (02-08)

State of California, County of _

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



Tara K. Freitas /Clerk-Recorder

om 102-E

36	County Assessor/C		
4500 E	221 S. Mooney Blvd., Roo		
	Visalia, CA 93291-4593		
Call roots	Ph: (559) 636-5100		
-03/03	Fax: (559) 737-4468		

(name of person making claim)	······,			
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally desig	nated housing, owner and/or entity)	of the property described	
1. That as				
		(officer)		
2. of the				
	(name of tribe or trib	ally designated housing entity)		
3. the mailing address of which is	(give comp	lete mailing address)	ZIP	
4. the location of the property for which exemption	n is claimed is			
			ZIP	
(give	e complete address)			
5. That this claim for exemption is made for the 20	0 20 fi	scal year on the leased	property described above.	
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in secassistance agreements. An affidavit by the claim. The exemption cannot be allowed without the in	ode or applicable fed ction 50053 of the H nant affirming that the	deral, state, or local fina lealth and Safety Code o	ncial assistance agreements and the rents 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 required for first time filers)				
[] a tribally designated housing entity (docum inure to the benefit of any private sharehol		first time filers) which is	nonprofit and no part of those net earnings	
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			that at least 30% of the housing units are	
 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 	f the Revenue and T			
FOR ASSESSOR'S USE ONLY			e contact during normal business r additional information?	
Received by	N/	AME		
of(county or city)	ĀĒ	ADDRESS (street, city, state, zip code)		
on				
(date)		AYTIME PHONE NUMBER	EMAIL ADDRESS	
	()	LIVINE ADDINESS	
<u> </u>	CERTIFIC	ATION	1	
I certify (or declare) under penalty of perjury un including any accompanying statements or o	nder the laws of the	State of California that to		
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE DATE	

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

