EF-237-R04-0518-54000486-1 BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

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

tate of California, County of			
(name of person making claim)	,		
ho is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity)	of the property described	
. That as			
	(officer)		
. of the	f tribe or tribally designated housing entity)		
. the mailing address of which is	(give complete mailing address)	ZIP	
. the location of the property for which exemption is claimed	lis		
(give complete addres	ss)	ZIP	
. That this claim for exemption is made for the 20 20	) fiscal year on the leased prop	erty described above.	
. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applie charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirmin The exemption cannot be allowed without the income affid	cable federal, state, or local financial of the Health and Safety Code or ap og that the tenants' incomes and rents	assistance agreements and the rents plicable federal, state, or local financia	
. That the property is owned and operated by an 🗌 owned	r operator owner/o	operator	
[ ] a federally recognized tribe (documentation required f	for first time filers)		
[ ] a tribally designated housing entity (documentation rec inure to the benefit of any private shareholder.	quired for first time filers) which is non	profit and no part of those net earning	
. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom		at least 30% of the housing units are	
. BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filing BOE-237, Exemption of Low-Income Tribal Housing.			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
Of(county or city)	ADDRESS (street, city, state, zip code)		
On(date)	-		
	DAYTIME PHONE NUMBER	AIL ADDRESS	
	( )		
C	ERTIFICATION		



