EF-237-R04-0518-54000161-1
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.



State of California, County of		
(name of person making claim)		
		of the property described
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity	
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 is		
	omplete address)	ZIP
5. That this claim for exemption is made for the 20_		
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inc	e or applicable federal, state, or local fination 50053 of the Health and Safety Code nt affirming that the tenants' incomes and	ancial assistance agreements and the rents or applicable federal, state, or local financial
7. That the property is owned and operated by an	owner operator ov	vner/operator
[] a federally recognized tribe (documentation	required for first time filers)	
 a tribally designated housing entity (documer inure to the benefit of any private shareholde 		s nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying la		that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal	he Revenue and Taxation Code for those	
FOR ASSESSOR'S USE ONLY		e contact during normal business
	hours to	or additional information?
Received by	NAME	
of(county or city)	ADDRESS (street, city, state, zip coo	(e)
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
		1
	CERTIFICATION	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE			
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.					