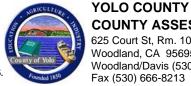
## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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



**COUNTY ASSESSOR** 625 Court St, Rm. 104 Woodland, CA 95695

Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

State of California, County of	assessor@	assessor@yolocounty.org	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
(name of tri	be or tribally designated housing entity)		
3. the mailing address of which is	ive complete mailing address)	ZIP	
4. the location of the property for which exemption is claimed is			
		ZIP	
(give complete address)			
5. That this claim for exemption is made for the 20 20	fiscal year on the leased proper	ty described above.	
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 or assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidav	ble federal, state, or local financial a f the Health and Safety Code or appli that the tenants' incomes and rents d	ssistance agreements and the rents cable federal, state, or local financial	
7. That the property is owned and operated by an owner	operator owner/op	erator	
[ ] a federally recognized tribe (documentation required for	first time filers)		
[ ] a tribally designated housing entity (documentation requing inure to the benefit of any private shareholder.	red for first time filers) which is nonpr	ofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income		least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing.</li> </ol>			
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?		
Received by			
(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)	ADDRESS (Sireet, City, State, 21p code)		
on	-		
(date)			
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
CEF	RTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
<b>&gt;</b>			

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

