EF-237-R04-0518-08000245-1 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.



Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

State of California, County of	
(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	ZIP
4. the location of the property for which exemption is	(give complete mailing address) claimed is mplete address)
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section	al housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached. ome affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation r	equired for first time filers)
 a tribally designated housing entity (documen inure to the benefit of any private shareholde 	tation required for first time filers) which is nonprofit and no part of those net earnings r.
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo	ther legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor the Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Descived by	
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	er the laws of the State of California that the foregoing and all information hereon, cuments, 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.