EF-237-R04-0518-08000139-1 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	(give complete mailing address)
4. the location of the property for which exemption	
	omplete address)
5. That this claim for exemption is made for the 20	
	tal housing and related facilities for tenants who are persons of low income as defin
in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec	le o <mark>r ap</mark> plicable federal, state, or <mark>lo</mark> cal financial as <mark>sis</mark> tance agreements and the re- ion 50053 of the Health and Safety Code or applicable federal, state, or local financi int affirming that the tenants' incomes and rents do not exceed those limits is attache
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation	required for first time filers)
<ul> <li>a tribally designated housing entity (docume inure to the benefit of any private sharehol</li> </ul>	ntation required for first time filers) which is nonprofit and no part of those net earnir er.
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	other legally binding document requiring that at least 30% of the housing units a low-income tenants.
	, Housing — Lower-Income Households, is also required to be filed with the Assess he Revenue and Taxation Code for those tribes or tribally designated housing entit 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 EMAIL ADDRESS
L	
Leartify (or declare) under penalty of perium un	ler the laws of the State of California that the foregoing and all information hereon,
	ocuments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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