EF-237-R04-0518-13000313-1 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.



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

State of California, County of			
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states: 1. That as	, (tribe or tribally designated hous	ing, owner and/or entity)	of the property described
	(officer)		
2. of the	(name of tribe or tribally designa	ted housing entity)	
3. the mailing address of which is			ZIP
4. the location of the property for which exemption	(give complete mailing is claimed is complete address)	address)	ZIP
5. That this claim for exemption is made for the 20) 20 fiscal yea	ar on the leased proper	ty described above.
6. That at least 30% of the housing are used for re in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in se assistance agreements. An affidavit by the claim The exemption cannot be allowed without the in	de o <mark>r applicable federal, st</mark> ction 50053 of the Health ar an <mark>t affirming that the tenan</mark> t	ate, or <mark>lo</mark> cal financial as i <mark>d Safe</mark> ty Code or applic	sistance agreements and the rents able federal, state, or local financial
7. That the property is owned and operated by an owner operator owner/operator			
 [] a federally recognized tribe (documentatio [] a tribally designated housing entity (docum inure to the benefit of any private sharehol 	entation required for first tim der.	e filers) which is nonpro	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	low-income tenants.	ment requiring that at	least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation al Housing.	Code for those tribes o	r tribally designated housing entities
FOR ASSESSOR'S USE ONLY			ct during normal business ional information?
Received by(Assessor's designee)	NAME		
of.			
of(county or city)	ADDRESS (s	treet, city, state, zip code)	
on			
	DAYTIME PH		ADDRESS
	()	
	CERTIFICATION		
I certify (or declare) under penalty of perjury un including any accompanying statements or c			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE
<u>F</u>			

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