EF-237-R04-0518-13000166-1 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 housing, owner and/or entity)	of the property described	
	(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	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prope	rty described above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the inco	or applicable federal, state, or local financial a n 50053 of the Health and Safety Code or appl affirming that the t <mark>en</mark> ants' incomes and rents d	as <mark>sis</mark> tance agreements and the rents i <mark>cable federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an	owner operator owner/op	perator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
 a tribally designated housing entity (documentation in the benefit of any private shareholder That there is a deed restriction, agreement, or other the state of the benefit of any private shareholder 			
occupied by or held for occupancy by qualifying lo	w-income tenants.	r least 50 % of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H	e Revenue and Taxation Code for those tribes of		
FOR ASSESSOR'S USE ONLY		act during normal business tional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doct	the laws of the State of California that the fore		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
F			

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