EF-237-R04-0518-19000126-1 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.



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

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)	ZIP	
4. the location of the property for which exemption i		ZIP	
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased property	/ described above.	
charged do not exceed the limits provided in sect	le o <mark>r applicable federal, s</mark> tate, or local financial as tion 50053 of the Health and Safety Code or applic an <mark>t affirming that the tenants' incomes a</mark> nd rents do	sistance agreements and the rents able federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owner/ope	rator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (document inure to the benefit of any private sharehold 	ntation required for first time filers) which is nonpro er.	fit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		east <mark>30</mark> % of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal	the Revenue and Taxation Code for those tribes or		
FOR ASSESSOR'S USE ONLY		et during normal business	
	nours for addition	onal information?	
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(uate)	DAYTIME PHONE NUMBER EMAIL A	DDRESS	
	()		
	CERTIFICATION		
	ler the laws of the State of California that the foreg ocuments, is true, correct and complete to the bes		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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