EF-237-R04-0518-29000272-1
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.

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, or	wner and/or entity) of the property described		
1. That as				
	(officer)			
2. of the				
2. of the	(name of tribe or tribally designated ho	ousing entity)		
 3. the mailing address of which is	(give complete mailing addre n is claimed is complete address)	ess) ZIP ZIP		
5. That this claim for exemption is made for the 20) 20 fiscal year or	n the leased property 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 sec	ntal housing and related facilitie de or applicable federal, state, ction 50053 of the Health and S ant affirming that the tenants' in	es for tenants who are persons of low income as defined or local financial assistance agreements and the rent pafety Code or applicable federal, state, or local financia incomes and rents do not exceed those limits is attached		
7. That the property is owned and operated by an	owner operator	owner/operator		
[] a federally recognized tribe (documentatio	n required for first time filers)			
 a tribally designated housing entity (documinure to the benefit of any private sharehol) 		lers) which is nonprofit and no part of those net earning		
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		nt requiring that at least 30% of the housing units are		
	the Revenue and Taxation Coc	ouseholds, is also required to be filed with the Assesso de for those tribes or tribally designated housing entities		
FOR ASSESSOR'S USE ONLY	Whon	n should we contact during normal business		
		hours for additional information?		
Received by	NAME			
-6				
of(county or city)	ADDRESS (street,	city, state, zip code)		
on				
	DAYTIME PHONE	NUMBER EMAIL ADDRESS		
	()			
CERTIFICATION				

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLA	M	TITLE	DATE		
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.					