EF-237-R04-0518-30000279-1 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.



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 www.ocgov.com/assessor

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	be or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ame of tribe or tribally designated housing entity)
3. the mailing address of which is	
4. the location of the property for which exemption is clair	(give complete mailing address) med is
give complete a	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50	using and related facilities for tenants who are persons of low income as defined pplicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an owned and operated by an	wner operator owner/operator
[ ] a federally recognized tribe (documentation requir	red for first time filers)
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other loccupied by or held for occupancy by qualifying low-inc	legally binding document requiring that at least 30% of the housing units are come tenants.
	sing — Lower-Income Households, is also required to be filed with the Assessor venue and Taxation Code for those tribes or tribally designated housing entities ing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	
of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CERTIFICATION	
	laws of the State of California that the foregoing and all information hereon, nts, 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.