EF-237-R04-0518-30000061-1 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	designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claimed is	e complete mailing address)
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicabl charged do not exceed the limits provided in section 50053 of t	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financial at the tenants' 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 (documentation required for fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	d for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally to occupied by or held for occupancy by qualifying low-income te	binding document requiring that at least 30% of the housing units are nants.
	<i>ower-Income Households,</i> is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Durchud hu	hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(Oate)	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 CLAIM	TITLE DATE

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