EF-237-R04-0518-33000097-1	
BOE-237 REV. 04 (05-18)	

State of California, County of ____

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Peter Aldana Assessor-County Clerk-Recorder County of Riverside

PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

(name of person making claim)	,			
who is filing this claim as, or on behalf of, the herein, states:	tribe or tribally desiر)	gnated housing, owner and/or ent	ity)	$_$ of the property described
1. That as				
		(officer)		
2. of the	(
	(name of tribe or trib	oally designated housing entity)		
 3. the mailing address of which is		olete mailing address)	5	ZIP
5. That this claim for exemption is made for the 20	20 f	iscal year on the lease	d property de	escribed above.
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de or applicable fe tion 50053 of the H ant affirming that th	deral, state, or local fir lealth and Safety Code	nancial as <mark>sis</mark> t e or appli <mark>cable</mark>	ance agreements and the rents e federal, state, or local financial
7. That the property is owned and operated by an	owner	operator o	owner/operate	or
[] a federally recognized tribe (documentation	required for first t	ime filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold That there is a deed restriction, agreement, or page and by or held for compare the quality into 	der. other legally bindi	ing document requirin		
 occupied by or held for occupancy by qualifying 9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba FOR ASSESSOR'S USE ONLY 	7, Housing — Lowe the Rev <mark>e</mark> nue and T	er-Income Households, Taxation Code for those	e tribes or trib	
Received by(Assessor's designee)	Ň			l information?
of(county or city)	Ā	DDRESS (street, city, state, zip c	ode)	
on				
	D	AYTIME PHONE NUMBER	EMAIL ADDR	ESS
	CERTIFIC			
I certify (or declare) under penalty of perjury und including any accompanying statements or d	der the laws of the	State of California tha		
SIGNATURE OF PERSON MAKING CLAIM]	TITLE		DATE

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

