EF-237-R04-0518-33000100-1
BOE-237 REV, 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of _____

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	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	ZIP
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 charged do not exceed the limits provided in section 5	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 financia rming that the tenants' incomes and rents do not exceed those limits is attached affidavit.
7. That the property is owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requ	red for first time filers)
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-ir	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 Assesso 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
Received by	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	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 DATE

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

