EF-237-R04-0518-34000288-1 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 _____



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	bally designated housing, owner and/or entity)
herein, states:	
1. That as	
	(officer)
2. of the	ribe 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	give complete mailing address) S ZIP
5. That this claim for exemption is made for the 20 - 20	
	and related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of	able federal, state, or local financial as <mark>sis</mark> tance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financia that the tenants' income <mark>s</mark> 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 fo	r first time filers)
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	ired for first time filers) which is nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income 	y binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assesso e and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
af.	
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CE	RTIFICATION
I certify (or declare) under penalty of periury under the laws	of the State of California that the foregoing and all information hereon.

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.				