EF-237-R04-0518-34000129-1 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 herein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described	
1. That as		
	(officer)	
2. of the		
2. 0. 0.0	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is	(give complete mailing address)	
4. the location of the property for which exemption i	ZIP	
	omplete address)	
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 Cod charged do not exceed the limits provided in sect	tal housing and related facilities for tenants who are persons of low income as defined le or applicable federal, state, or local financial assistance agreements and the rents tion 50053 of the Health and Safety Code or applicable federal, state, or local financia ant affirming that the tenants' incomes and rents do not exceed those limits is attached come affidavit.	
7. That the property is owned and operated by an	owner operator owner/operator	
[] a federally recognized tribe (documentation	required for first time filers)	
 a tribally designated housing entity (docume) inure to the benefit of any private sharehold 	ntation required for first time filers) which is nonprofit and no part of those net earnings er.	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	other legally binding document requiring that at least 30% of the housing units are low-income tenants.	
	, Housing — Lower-Income Households, is also required to be filed with the Assesso the Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business	
	hours for additional information?	
Received by		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
ON(date)		
(uale)	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.			