EF-237-R03-0208-54000402-1 BOE-237 REV. 03 (02-08)

State of California, County of \_

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**



## Tara K. Freitas essor/Clerk-Recorder

Blvd., Room 102-E 91-4593 100

0.00	
	County Assesse
E BE	221 S. Mooney Blvd. Visalia, CA 93291-45
Callings	Ph: (559) 636-5100
24.00	Fax: (559) 737-4468

(name of person making claim)	
who is filing this claim as, or on behalf of, the	esignated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	tribally designated housing entity)
3. the mailing address of which is	mplete mailing address)
4. the location of the property for which exemption is claimed is  (give complete address)	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 applicable charged do not exceed the limits provided in section 50053 of the	related facilities for tenants who are persons of low income as defined federal, state, or local financial assistance agreements and the rents a Health and Safety Code or applicable federal, state, or local financia 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 first	t time filers)
[ ] a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.	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 bit occupied by or held for occupancy by qualifying low-income tens	ding document requiring that at least 30% of the housing units are ants.
	wer-Income Households, is also required to be filed with the Assessor d 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
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	FICATION
	e State of California that the foregoing and all information hereon, e, 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.

