EF-237-R04-0518-09000162-1 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.



EL DORADO COUNTY JON DEVILLE, ASSESSOR

360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5739

State of California, County of			
(name of person making claim)	-,		
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity)	of	the property described
1. That as			
	(officer)		
2. of the			
(name of the o	r tribally designated housing entity)		
<ul> <li>3. the mailing address of which is</li></ul>	complete mailing address)		_ ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	property descri	ibed above.
6. That at least 30% of the housing are used for rental housing and in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit.	federal, state, or local finan e Health and Safety Code or	cial as <mark>sis</mark> tance appli <mark>cable fec</mark>	e agreements and the rents <mark>lera</mark> l, st <mark>at</mark> e, or local financial
7. That the property is owned and operated by an owner	operator owr	ner/operator	
[ ] a federally recognized tribe (documentation required for fir	st time filers)		
<ul> <li>a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.</li> </ul>	l for first time filers) which is i	nonprofit and r	no part of those net earnings
8. That there is a deed restriction, agreement, or other legally b occupied by or held for occupancy by qualifying low-income ter		nat at least 30	% of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Li under the provisions of sections 251 and 254 of the Revenue at filing BOE-237, Exemption of Low-Income Tribal Housing.</li> <li>FOR ASSESSOR'S USE ONLY</li> </ol>	nd Taxation Code for those tr Whom should we	ibes or tribally	designated housing entities
	nours io		ionnation:
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
on			
(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	<u> </u>		
CERT	FICATION		
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is tr			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE
<u></u>			

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