EF-237-R04-0518-09000058-1 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 tribe	or tribally designated housing entity)		
3. the mailing address of which is	complete mailing address)		_ ZIP
4. the location of the property for which exemption is claimed is	5/2		ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased p	property descri	bed above.
6. That at least 30% of the housing are used for rental housing an 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	d related facilities for tenants e federal, state, or local finan he Health and Safety Code or at the tenants' incomes and re	who are perso cial assistance applic <mark>able fec</mark>	ns of low income as defined e agreements and the rents leral, state, or local financial
. 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 (documentation require inure to the benefit of any private shareholder.	d for first time filers) which is i	nonprofit and r	o part of those net earnings
8. That there is a deed restriction, agreement, or other legally l occupied by or held for occupancy by qualifying low-income te		nat at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L under the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing.	nd Taxation Code for those tr	ibes or tribally	designated housing entities
FOR ASSESSOR'S USE ONLY		contact durin additional inf	ng normal business
	nours io		omation
Received by(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)		
ON( <i>date</i> )			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
CER	IFICATION		
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE

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