EF-237-R04-0518-14000074-1 BOE-237 REV. 04 (05-18)

State of California, County of ____

SIGNATURE OF PERSON MAKING CLAIM

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

DATE

(name of person making claim)	,
who is filing this claim as, or on behalf of, the erein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described
. That as	
	(officer)
2. of the	
	(name of tribe or tribally designated housing entity)
 the mailing address of which is the location of the property for which exemption is 	
	te address)
	20 fiscal year on the leased property described above.
5. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect	ousing and related facilities for tenants who are persons of low income as defir applicable federal, state, or local financial assistance agreements and the re 50053 of the Health and Safety Code or applicable federal, state, or local financ ffirming that the tenants' incomes and rents do not exceed those limits is attach
. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation	uired for first time filers)
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	on required for first time filers) which is nonprofit and no part of those net earnir
3. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	er legally binding document requiring that at least 30% of the housing units a income tena <mark>nt</mark> s.
	using — Lower-Income Households, is also required to be filed with the Assess Revenue and Taxation Code for those tribes or tribally designated housing entit using.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
of	ADDRESS (street, city, state, zip code)
(county or city)	
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	-

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

TITLE