EF-237-R04-0518-19000230-1 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.



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

State of California, County of	
(name of person making claim) who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	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 is claime	ZIP
5. That this claim for exemption is made for the 20 2	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ng and related facilities for tenants who are persons of low income as defined licable federal, state, or local financial assistance agreements and the rents 3 of the Health and Safety Code or applicable federal, state, or local financia ing that the tenants' incomes and rents do not exceed those limits is attached davit.
7. That the property is owned and operated by an own	er operator owner/operator
[ ] a federally recognized tribe (documentation required	for first time filers)
<ul> <li>a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.</li> </ul>	equired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-inco	ally binding document requiring that at least 30% of the housing units are me tenants.
	g — Lower-Income Households, is also required to be filed with the Assesson nue and 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	
(Uale)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	<u>( )</u>
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon, s, 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.