EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Claude Parrish **Orange County Assessor** Civic Center Plaza, Building 11 625 N. Ross Street, Room 142

who is filling this claim as, or on behalf of, the	State of California, County of	- www.ocgov.com/assessor
1. That as Continue of tribbe or tribbally designated housing entity)	(name of person making claim)	 ,
2. of the	4th 4th -	Ily designated housing, owner and/or entity) of the property described
2. of the	1. That as	
3. the mailing address of which is CIP Complete mailing address CIP		(officer)
4. the location of the property for which exemption is claimed is ZIP		e or tribally designated housing entity)
5. That this claim for exemption is made for the 20	(9/1)	
6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defi in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the re charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attact. The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner operator owner/operator are defeatably recognized tribe (documentation required for first time filers) [] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning income to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units occupied by or held for occupancy by qualifying low-income tenants. 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assess under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entitling BOE-237, Exemption of Low-Income Tribal Housing. NAME	(give complete address)	ZIP_
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Received by	FOR ASSESSOR'S USE ONLY	
Of	Descrived by	nours for additional miormation:
(county or city)	(Assessor's designee)	NAME
(county or city)	of	ADDRESS (street city state zin code)
on	(county or city)	ALEST LEGG (staget, stage, state, stage seed)
(date)	on	
DAYTIME PHONE NUMBER EMAIL ADDRESS	(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
		()
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon including any accompanying statements or documents, 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.

