EF-237-R04-0518-30000081-1 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.



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 www.ocgov.com/assessor

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	ibe or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	ame 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 claim	med is
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50	using and related facilities for tenants who are persons of low income as defined upplicable federal, state, or local financial assistance agreements and the rents 1053 of the Health and Safety Code or applicable federal, state, or local financial rming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an or	wner operator owner/operator
[ ] a federally recognized tribe (documentation require	red for first time filers)
inure to the benefit of any private shareholder.	n required for first time filers) which is nonprofit and no part of those net earnings
occupied by or held for occupancy by qualifying low-in	legally binding document requiring that at least 30% of the housing units are come tenants.
	sing — Lower-Income Households, is also required to be filed with the Assessor evenue and Taxation Code for those tribes or tribally designated housing entities ing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(uae)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon,
	ents, 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.