EF-237-R03-0208-33000373-1 BOE-237 REV. 03 (02-08)

State of California, County of

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

OF RIVERS DO

## Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

(name of person making claim)	
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	e of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claime	ZIP_
5. That this claim for exemption is made for the 20 2	20 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	ing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 33 of the Health and Safety Code or applicable federal, state, or local financialing that the tenants' incomes and rents do not exceed those limits is attached idavit.
7. That the property is owned and operated by an owner	er operator owner/operator
[ ] a federally recognized tribe (documentation required	I for first time filers)
<ul> <li>a tribally designated housing entity (documentation reinure 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-income	gally bin <mark>di</mark> ng docu <mark>me</mark> nt requiring that at least <mark>30</mark> % of the housing units are me tenants.
	<ul> <li>g — Lower-Income Households, is also required to be filed with the Assessor thue and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Descived by	nours for additional mormation:
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(oute)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	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.

