EF-237-R04-0518-33000292-1 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.



Peter Aldana **Assessor-County Clerk-Recorder**

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

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 or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	name 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 clai	ZIP
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 applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial irming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an o	wner operator owner/operator
[] a federally recognized tribe (documentation requi	red for first time filers)
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings legally binding document requiring that at least 30% of the housing units are some tenants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, House	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
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of	ADDDEOG (stood situated signals)
(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
Legify (or declare) under negative of perium under the	e 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