EF-237-R04-0518-33000222-1 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	Ily designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
2. Of the	e or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claimed is	ziP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined ole federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial hat the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
inure to the benefit of any private shareholder.	ed for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are enants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing —	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information? NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTHE BUONE NUMBER
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	TIFICATION
	f the State of California that the foregoing and all information hereon, 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.

