EF-237-R04-0518-33000116-1
BOE-237 REV, 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of _____

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/

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(name of	tribe or tribally designated housing entity)
	(give complete mailing address)
 the location of the property for which exemption is claimed 	ZIP
give c <mark>om</mark> plete address	s)
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 applic charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as defined table federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financia g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	or first time filers)
	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income	lly binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor is 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(Assessor's designee)	hours for additional information?
of (county or city)	_ ADDRESS (street, city, state, zip code)
ON(<i>date</i>)	-
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CE	ERTIFICATION
I certify (or declare) under penalty of perjury under the laws	s of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents, i	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.

