EF-237-R04-0518-34000193-1 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.

State of California, County of _____



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

| (name of person making claim) | 1 | |
|--|--|--|
| who is filing this claim as, or on behalf of, the | of the property described | |
| herein, states: | ally designated housing, owner and/or entity) | |
| 1. That as | | |
| | (officer) | |
| 2. of the | | |
| | be or tribally designated housing entity) | |
| 3. the mailing address of which is | ve complete mailing address) | |
| 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 | | |
| in section 50079.5 of the Health and Safety Code or applicat charged do not exceed the limits provided in section 50053 of | and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. it. | |
| 7. That the property is owned and operated by an owner | operator owner/operator | |
| [] a federally recognized tribe (documentation required for | first time filers) | |
| a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. | red for first time filers) which is nonprofit and no part of those net earnings | |
| That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t | binding document requiring that at least 30% of the housing units are tenants. | |
| | 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 | Whom should we contact during normal business | |
| Received by | hours for additional information? | |
| | | |
| of (county or city) | ADDRESS (street, city, state, zip code) | |
| ON(date) | | |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS | |
| | | |
| CERTIFICATION | | |
| L certify (or declare) under penalty of perium under the laws of the State of California that the foregoing and all information bereon | | |

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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. | | | |
| | | | |