EF-237-R03-0208-36000324-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311

www.sbcounty.gov/arc

	Phone: (909) 387-8307 Toll Free: (877) 885-7654
(name of person making claim)	,
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally 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)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is o	laimed 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 in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section	nousing and related facilities for tenants who are persons of low income as defined rapplicable federal, state, or local financial assistance agreements and the rents 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that 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 rec	quired for first time filers)
[] a tribally designated housing entity (documenta inure to the benefit of any private shareholder.	tion required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low	er legally binding document requiring that at least 30% of the housing units are -income tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, ments, 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.

