EF-237-R03-0208-13000649-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## Roy D. Buckner **Imperial County Assessor**

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

herein, states:  (In That as	State of California, County of	_
who is filing this claim as, or on behalf of, the		
1. That as    (officer)   2. of the	(name of person making claim)	
1. That as    Cofficer   Cofficer	who is filing this claim as or on hehalf of the	of the property described
2. of the	(Author and Author	ally designated housing, owner and/or entity)
2. of the	1. That as	
3. the mailing address of which is		(officer)
3. the mailing address of which is	2. of the	
4. the location of the property for which exemption is claimed is    Complete mailing address	(name of tr	
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 and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner operator owner/operator [	3. the mailing address of which is	ive complete mailing address)
5. That this claim for exemption is made for the 20	4. the location of the property for which exemption is claimed is	
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Received by	under the provisions of sections 251 and 254 of the Revenue	
Received by	FOR ASSESSOR'S USE ONLY	
of		nours for additional information?
on	Received by	NAME
on	of	ADDRESS (atract sits state via ands)
CERTIFICATION  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.	(county or city)	ADDRESS (Street, City, State, 21p code)
CERTIFICATION  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.	on	
CERTIFICATION  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.	(date)	DAYTIME DUONE NUMBER EMAIL ADDRESS
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.		( )
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.	CEF	RTIFICATION
	I certify (or declare) under penalty of perjury under the laws of	of the State of California that the foregoing and all information hereon,

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

