37-R04-0518-07000412-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-IN	ICOME TRIBAL HO	USING		2530 Ar	Tramer Ty Assessor nold Drive, Suite 100 z, CA 94553-4359	
To receive the full exemption, this			ary 15.		FAX: (925) 313-7488 Telephone: (925) 313-7400	
State of California, Count	y of			http://wv	vw.cccounty.us/assessor	
	of person making claim)	,				
who is filing this claim as, or herein, states:	on behalf of, the	(tribe or tribally designated	housing, owner and	d/or entity)	of the property describe	
1. That as						
0		(offic	cer)			
2. of the		(name of tribe or tribally de	signated housing e	ntity)		
3. the mailing address of whether the mailing address of whether the mailing address of whether the mail of the ma	nich is	(give complete ma	ailing address)		ZIP	
4. the location of the proper	ty for which exemption					
	,					
	(give c	complete address)			ZIP	
5. That this claim for exemp	tion is made for the 20	- 20 fiscal	year on the	leased prop	perty described above.	
in section 50079.5 of the	Health and Safety Coo	le or applicable federal	l, state, or loo	cal financia	o are persons of low income as d I assistance agreements and the	
in section 50079.5 of the charged do not exceed th assistance agreements. A The exemption cannot be	Health and Safety Coo e limits provided in sec an affidavit by the claima e allowed without the in	te or applicable federal tion 50053 of the Health ant affirming that the ter come affidavit.	l, state, or loo h and Safety nants' income	cal financia Code or ap es and rents	I assistance agreements and the oplicable federal, state, or local fir o do not exceed those limits is atta	
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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.						

