## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



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

In That as       (affeet)         2. of the       (affeet)         2. of the       (affeet)         2. of the       (affeet)         3. the mailing address of which is       (give complete mailing address)         4. the location of the property for which exemption is claimed is       ZIP         (give complete address)       ZIP         5. That this claim for exemption is made for the 20	who is filing this claim as, or on behalf of, the	(tribe or tribally designated housing, owner and/	or entity) of the property described	
(officer)      (name of tribe or tribully designated housing entity)      the mailing address of which is	herein, states:	(inde of indany designated nousing, owner and	, chuy	
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3. the mailing address of which is	2. of the	(name of tribe or tribally designated housing en	tity)	
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	4. the location of the property for which exemption	is claimed is		
			ZIP	
<ul> <li>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 definin in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rencharged 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 lenants' incomes and rents do not exceed those limits is attached the exemption cannot be allowed without the income affidavit.</li> <li>7. That the property is owned and operated by an owner operator over owner/operator a federally recognized tribe (documentation required for first time filers)</li> <li>[ ] a federally recognized tribe (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.</li> <li>8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units a occupied by or held for occupancy by qualifying low-income tenants.</li> <li>9. BOE-237-A, <i>Supplemental Affidavit for BOE-237, Housing — Lower-Income Households</i>, is also required to be filed with the Assess under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entit filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i>.</li> <li>Whom should we contact during normal business hours for additional information?</li> <li>NAME</li> </ul>	(give c	omplete address)		
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Received by     (Assessor's designee)     NAME       of     INDREESS (street site state site and state si	under the provisions of sections 251 and 254 of t	the Revenue and Taxation Code for t		
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Of (county or city) ADDRESS (street, city, state, zip code)	Received by(Assessor's designee)	NAME		
(county or city)	of	1000500 (1		
	(county or city)	ADDRESS (street, city, state,	zip code)	
on	on			
(date) DAYTIME PHONE NUMBER	(date)			
CERTIFICATION		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.				
SIGNATURE OF PERSON MAKING CLAIM	SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

