EF-237-R03-0208-33000743-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

ONLY CLEAR F

Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

(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)	ZIP
4. the location of the property for which exemption is		, ,	
(give con	nplete address)		ZIP
5. That this claim for exemption is made for the 20	20	fiscal year on the leased ր	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 assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the income.	or applicable on 50053 of the t affirming that	e federal, state, or local finar ne Health and Safety Code or at the tenants' incomes and re	icial assistance agreements and the rents applicable federal, state, or local financia
7. That the property is owned and operated by an	owner	operator own	ner/operator
[] a federally recognized tribe (documentation re	equired for fi	rst time filers)	
[] a tribally designated housing entity (document inure to the benefit of any private shareholde		d for first time filers) which is	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo			hat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F	e Revenue a		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by		NAME	
of(county or city)		ADDRESS (street, city, state, zip code)	
(county or city)			
on(date)			
		DAYTIME PHONE NUMBER	EMAIL ADDRESS
		()	
		IFICATION	
I certify (or declare) under penalty of perjury unde			
including any accompanying statements or doc SIGNATURE OF PERSON MAKING CLAIM	urnents, is tr	TITLE	DATE

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

