EF-237-R03-0208-33000691-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

OF RIVERS DE LES

Peter Aldana Assessor-County Clerk-Recorder

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

State of California, County of	https://v	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		ZIP	
4. the location of the property for which exemption is of	claimed is		
(give comp	elete address)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prop	perty described above.	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incon	or applicable federal, state, or local financial or 50053 of the Health and Safety Code or ap affirming that the tenants' incomes and rents	l assistance agreements and the rents plicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owner/o	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 non	profit and no part of those net earnings	
That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low		at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, He under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal Ho 	Revenue and Taxation Code for those tribes		
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)	ADDRESS (street, city, state, zip code)	
on(date)			
(date)	DAYTIME PHONE NUMBER EM.	AILADDRESS	
	()		
Locatific (ou do close) under a see the effective	CERTIFICATION	and all information beautiful	
I certify (or declare) under penalty of perjury under including any accompanying statements or docu			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

