EF-237-R04-0518-33000491-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890 www.rivcoacr.org

State of California, County of	
	,
who is filing this claim as, or on behalf of, the	of the property described ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	be or tribally designated housing entity)
3. the mailing address of which is	ive complete mailing address)
4. the location of the property for which exemption is claimed is	
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above
in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. it.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	red for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units are tenants.
	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
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,
including any accompanying statements or documents, is SIGNATURE OF PERSON MAKING CLAIM	true, correct and complete to the best of my knowledge and belief.

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

