237-R04-0518-33000412-1 BOE-237 REV. 04 (05-18)				Assessor-County Clerk-Recorder	
EXEMPTION OF LOW-IN	NCOME TRIBAL HO	USING		County of Riverside PO Box 751	
To receive the full exemption, this	s claim must be filed with th	e Assessor by Februa	ry 15.	Riverside, CA 92502-0751 Phone: (951) 413-2890	
State of California, Count	y of			www.rivcoacr.org	
	of person making claim)	3			
who is filing this claim as, on herein, states:	r on behalf of, the	(tribe or tribally desi	gnated housing, owner and/or	entity) of the property described	
1. That as					
			(officer)		
2. of the		(name of tribe or trib	ally designated housing entity)	
0. (b)		(name of the of the	any designated nousing entity		
3. the mailing address of w	nich is	(give com	plete mailing address)	ZIP	
4. the location of the proper	rty for which exemption	is claimed is			
	(give	complete address)		ZIP	
5 That this claim for even	ation is made for the 20) _ 20 _ 1	fiscal year on the lea	sed property described above.	
 charged do not exceed the assistance agreements. A The exemption cannot be 7. That the property is owned a federally recognized a federally recognized a tribally designated 	ne limits provided in sec An affidavit by the claim e allowed without the ir ed and operated by an ed tribe (documentation	ction 50053 of the H lant affirming that th ncome affidavit.	Health and Safety Co ne tenants' incomes a operator	financial assistance agreements and the node or applicable federal, state, or local fina and rents do not exceed those limits is attact owner/operator ch is nonprofit and no part of those net earr	
 That there is a deed resource occupied by or held for one occupied by or held for one occupied. 				ing that at least 30% of the housing units	
	ections 251 and 254 of	the Revenue and		ds, is also required to be filed with the Asse ose tribes or tribally designated housing en	
FOR ASSESSOR'S USE ONLY			Whom should we contact during normal business hours for additional information?		
Received by	(Assessor's designee)	Ā	IAME		
of (county or city)			ADDRESS (street, city, state, zip code)		
on	(date)				
	(000)		AYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
				1	
I certify (or declare) unde	er penalty of perjury un	CERTIFI der the laws of the	-	hat the foregoing and all information hereo	
				e to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLA	M		TITLE	DATE	

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

