EF-237-R04-0518-19000208-1 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.



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, 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 i		ZIP	
5. That this claim for exemption is made for the 20		operty described above.	
 6. That at least 30% of the housing are used for rent 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 incomentation. 	al housing and related facilities for tenants wi e or applicable federal, state, or local financi on 50053 of the Health and Safety Code or a nt affirming that the tenants' incomes and ren	ho are persons of low income as defined al assistance agreements and the rents pplicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owne	r/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private shareholde 		onprofit 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 I		t 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	ne Revenue and Taxation Code for those trib		
FOR ASSESSOR'S USE ONLY		ontact during normal business	
	hours for a	dditional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER	MAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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