EF-237-R04-0518-33000221-1 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) 955-6200 https://www.asrclkrec.com/

State of California, County of	
(company matrix alarm)	
(name of person making claim)	of the property described
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
	(give complete mailing address)
4. the location of the property for which exemption is	claimed is
Calve com	plete address)
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 charged do not exceed the limits provided in section	I housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents in 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached. The affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation re	equired for first time filers)
 a tribally designated housing entity (documental inure to the benefit of any private shareholder. 	ation required for first time filers) which is nonprofit and no part of those net earnings.
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying lov	her legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor e Revenue and Taxation Code for those tribes or tribally designated housing entities lousing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours fo <mark>r</mark> additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
(oute)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
I certify (or declare) under penalty of perjury under	the laws of the State of California that the foregoing and all information hereon,
including any accompanying statements or docu	uments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

