EF-237-R04-0518-33000092-1
BOE-237 REV, 04 (05-18)

State of California, County of ____

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/

(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) s claimed is mplete address)	ZIP ZIP	
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased p	roperty 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 secti assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the inc	e o <mark>r applicable federal, state, or local finan</mark> on 50053 of the Health and Safety Code or nt affirming that the tenants' incomes and re	cial as <mark>sis</mark> tance agreements and the rents appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by an	owner operator own	er/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (document inure to the benefit of any private shareholde That there is a deed restriction, agreement, or concupied by or held for occupancy by qualifying to 	er. othe <mark>r le</mark> gally binding doc <mark>ume</mark> nt requiring th		
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	Housing — Lower-Income Households, is ne Revenue and Taxation Code for those tri Housing.		
FOR ASSESSOR'S USE ONLY		additional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)			
	DAYTIME PHONE NUMBER	EMAIL 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.

