EF-237-R04-0518-34000229-1 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.

State of California, County of \_\_\_\_\_



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

(name of person making claim)	,
who is filing this claim as, or on behalf of, the of the property de	
herein, states:	nuary designated housing, owner and/or entry)
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
<ol> <li>the mailing address of which is</li> <li>the location of the property for which exemption is claimed</li> <li>(give complete address)</li> </ol>	ZIP
5. That this claim for exemption is made for the 20 - 20	
<ol> <li>That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053</li> </ol>	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required f	or first time filers)
<ul> <li>a tribally designated housing entity (documentation req inure to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	lly binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor use 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?
	nours for additional mormation?
Received by	- NAME
-6	
of (county or city)	_ ADDRESS (street, city, state, zip code)
On(date)	-
	DAYTIME PHONE NUMBER     EMAIL ADDRESS       ()
	ERTIFICATION
	s of the State of California that the foregoing and all information hereon.
	s or the state of California that the forequilly and all information field.

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 documents, 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				