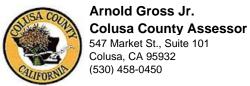
EF-237-R03-0208-06000705-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



| | COSO ISS SISS |
|---|---|
| State of California, County of | |
| | |
| (name of person making claim) | , |
| who is filing this claim as, or on behalf of, the | of the property described of the property described |
| 1. That as | |
| | (officer) |
| 2. of the | of tribe or tribally designated housing entity) |
| the mailing address of which is | 7ID |
| 3. The maining address of which is | (give complete mailing address) |
| 4. the location of the property for which exemption is claimed | d is |
| | ZIP_ |
| (give complete addre | |
| 5. That this claim for exemption is made for the 20 20 | 0 fiscal year on the leased property described above. |
| in section 50079.5 of the Health and Safety Code or applications of the limits provided in section 50053 | ng and related facilities for tenants who are persons of low income as defined licable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial ng that the tenants' incomes and rents do not exceed those limits is attached davit. |
| 7. That the property is owned and operated by an owne | er operator owner/operator |
| [] a federally recognized tribe (documentation required | for first time filers) |
| a tribally designated housing entity (documentation re- inure to the benefit of any private shareholder. | equired for first time filers) which is nonprofit and no part of those net earnings |
| 8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompany by qualifying low-incompany. | ally binding document requiring that at least 30% of the housing units are ne tenants. |
| | q — Lower-Income Households, is also required to be filed with the Assessor nue 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? |
| Descived by | nours for additional fine final series |
| Received by(Assessor's designee) | NAME |
| of | ADDDEOG (stand situated situated) |
| (county or city) | ADDRESS (street, city, state, zip code) |
| on | |
| On(date) | DAVINE DIONENIMOED |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | CERTIFICATION |
| I certify (or declare) under penalty of perjury under the law | ws of the State of California that the foregoing and all information hereon, |
| | s, 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.

