EF-237-R04-0518-22000058-1 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  |  |  |  |   |                                 |
|---|--|--|--|---|---------------------------------|
| (name of person making claim)   |  | ,  |  |   |                                 |
| who is filing this claim as, or on behalf of, the<br>herein, states:  | (tribe or tribally c                           | lesignated h   | ousing, owner and/or entit             | y) of the property of   | lescribed                       |
| 1. That as  |  |  |  |   |                                 |
|   |  | (office  | r)                                     |   |                                 |
| 2. of the   | (name of tribe or                              | tribally desig   | gnated housing entity)                 |   |                                 |
| 3. the mailing address of which is  | (give c  | omplete mai  | ing address)                           | ZIP   |                                 |
| 4. the location of the property for which exemption is cl   | laimed is                                      |  |  |   |                                 |
| (give comple  | ete address)                                   |  |  | ZIP   |                                 |
| 5. That this claim for exemption is made for the 20   | 20   | _ fiscal y   | ear on the lease                       | d property described above.                                   |                                 |
| 6. That at least 30% of the housing are used for rental h<br>in section 50079.5 of the Health and Safety Code o<br>charged do not exceed the limits provided in section<br>assistance agreements. An affidavit by the claimant a<br>The exemption cannot be allowed without the incom | r applicable<br>50053 of the<br>affirming that | federal,<br>e Health   | state, or local fin<br>and Safety Code | ancial assistance agreements or applicable federal, state, or | and the rents<br>local financia |
| 7. That the property is owned and operated by an  | owner  | ор   | erator o                               | wner/operator   |                                 |
| [ ] a federally recognized tribe (documentation req   | uired for fire                                 | st time fil  | ers)                                   |   |                                 |
| <ul> <li>a tribally designated housing entity (documentat<br/>inure to the benefit of any private shareholder.</li> </ul>   | ion required                                   | for first f  | ime filers) which                      | is nonprofit and no part of those                             | e net earnings                  |
| <ol> <li>That there is a deed restriction, agreement, or othe<br/>occupied by or held for occupancy by qualifying low-</li> </ol>   |  |  | cument requiring                       | that at least 30% of the hous                                 | sing units are                  |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Ho<br>under the provisions of sections 251 and 254 of the<br>filing BOE-237, Exemption of Low-Income Tribal Ho  | Revenue an                                     |  |  |   |                                 |
| FOR ASSESSOR'S USE ONLY   |  | Whom should we contact during normal business<br>hours for additional information? |  |   |                                 |
| Received by   |  | NAME   |  |   |                                 |
| of (county or city)   |  | ADDRESS  | 6 (street, city, state, zip co         | de)   |                                 |
| on  |  |  |  |   |                                 |
|   |  | DAYTIME  | PHONE NUMBER                           | EMAIL ADDRESS   |                                 |
|   |  | <u>`</u>   | ,<br>                                  |   |                                 |
|   |  | FICATIO  |  |   |                                 |
| I certify (or declare) under penalty of perjury under t<br>including any accompanying statements or docur   |  |  |  |   |                                 |

