EF-237-R04-0518-22000547-1 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.



DATE

the is filing this claim as, or on behalf of, the	State of California, County of				
(officer)         2. of the       (nume of hole or Holally designated housing entity)         3. the mailing address of which is       (give complete mailing address)         2. It is the location of the property for which exemption is claimed is       [give complete mailing address]         2. That this claim for exemption is made for the 20 20	,	(tribe or tribally	-, designated housing, owner and/or entity)	of the property described	
2. of the	1. That as				
Interest of the or the or the original designed housing entry       ZIP         3. the mailing address of which is			(officer)		
4. the location of the property for which exemption is claimed is	2. of the	(name of tribe c	r tribally designated housing entity)		
(pive complete address)  5. That this claim for exemption is made for the 20	3. the mailing address of which is	(give	complete mailing address)	ZIP	
	4. the location of the property for which exemption is	s claimed is			
	(give co.	mplete address)		ZIP	
in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner operator owner/operator [ ] a federally recognized tribe (documentation required for first time filers) [ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings incure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants. 9. BOE-237-A, <i>Supplemental Affidavit for BOE-237, Housing — Lower-Income Households</i> , is also required to be filed with the Assessou under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> . <b>FOR ASSESSOR'S USE ONLY</b> Received by	5. That this claim for exemption is made for the 20	- 20	fiscal year on the leased p	property described above.	
[ ] a federally recognized tribe (documentation required for first time filers)         [ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.         8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.         9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> . <b>FOR ASSESSOR'S USE ONLY</b> Whom should we contact during normal business hours for additional information?         non	in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimar	e or applicable on 50053 of th nt affirming tha	e federal, state, or local finan e Health and Safety Code or	cial assistance agreements and the rents applicable federal, state, or local financia	
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of	FOR ASSESSOR'S USE ONLY				
(county or city) on(date) DAYTIME PHONE NUMBER EMAIL ADDRESS () CERTIFICATION	Received by(Assessor's designee)		NAME		
(date) DAYTIME PHONE NUMBER ( ) CERTIFICATION	of(county or city)		ADDRESS (street, city, state, zip code)		
CERTIFICATION	on(date)				
			DAYTIME PHONE NUMBER	EMAIL ADDRESS	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon.		CERT	FICATION		
r sering ter assister and or penalty or perform and or the laws or the state of Samornia that the foregoing and all information hereon.	I certify (or declare) under penalty of perium under	or the laws of t	he State of California that th	e foregoing and all information bereon	

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM