EF-237-R04-0518-22000146-1 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	ally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	oe or tribally designated housing entity)	
2 the mailing address of which is		ZIP
	ive complete mailing address)	ZII
4. the location of the property for which exemption is claimed is		
(give complete address)		ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased	property described above
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming t The exemption cannot be allowed without the income affidav	ble federal, state, or local fina the Health and Safety Code c hat the tenants' incomes and r	ncial assistance agreements and the rents or applicable federal, state, or local financial
7. That the property is owned and operated by an owner operator owner/operator		
[ ] a federally recognized tribe (documentation required for	first time filers)	
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	red for first time filers) which is	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t		that at least 30% of the housing units are
9. BOE-237-A, <i>Supplemental Affidavit for BOE-237, Housing</i> — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> .		
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?	
Received by		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code	9)
(county or city)		
on		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	( )	
CEM	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is		

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE

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