EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Larry W. Ward Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

who is filing this claim as, or on behalf of, the	
(officer) (officer) (neme of tribe or tribally designated housing entity) the mailing address of which is	
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(name of tribe or tribelly designated housing entity) 3. the mailing address of which is	
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(give complete mailing address) 4. the location of the property for which exemption is claimed is	
 (give complete address) 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 and related facilities for tenants who are persons of low incore in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements 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 limit 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 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 hous 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 under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing the designated housing. 	
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FOR ASSESSOR'S USE ONLY Whom should we contact during normal bus hours for additional information?	siness
Received by	
Of ADDRESS (street, city, state, zip code)	
ON	
DAYTIME PHONE NUMBER EMAIL ADDRESS	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and	
SIGNATURE OF PERSON MAKING CLAIM TITLE DATE	
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.	

