## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

| (name of person making claim)  | ······································  |  |  |
|--|---|--|--|
| who is filing this claim as, or on behalf of, the<br>herein, states:   | (tribe or tribally designated housing, owner and/or entity)   | of the property described  |  |
| 1. That as   |   |  |  |
|  | (officer)   |  |  |
| 2. of the  | (name of tribe or tribally designated housing entity)   |  |  |
|  |   |  |  |
| 3. the mailing address of which is   | (give complete mailing address)   | ZIP  |  |
| 4. the location of the property for which exemption  | is claimed is   |  |  |
| (aive o  | complete address)   | ZIP  |  |
|  |   |  |  |
| 5. That this claim for exemption is made for the 20  | 20 fiscal year on the leased proper   | rty described above.   |  |
| charged do not exceed the limits provided in sec   | de or applicable federal, state, or local financial a<br>tion 50053 of the Health and Safety Code or appli<br>ant affirming that the tenants' incomes and rents d | ssistance agreements and the rent icable federal, state, or local financia |  |
| 7. That the property is owned and operated by an   | owner operator owner/op   | perator  |  |
| [ ] a federally recognized tribe (documentation  | required for first time filers)   |  |  |
| <ul> <li>a tribally designated housing entity (docume<br/>inure to the benefit of any private sharehold</li> </ul>   | entation required for first time filers) which is nonpr<br>der.   | ofit and no part of those net earning                                      |  |
| <ol> <li>That there is a deed restriction, agreement, or<br/>occupied by or held for occupancy by qualifying</li> </ol>  |   | least 30% of the housing units an  |  |
| <ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237<br/>under the provisions of sections 251 and 254 of<br/>filing BOE-237, Exemption of Low-Income Tribal</li> </ol> | the Revenue and Taxation Code for those tribes of   |  |  |
| FOR ASSESSOR'S USE ONLY  |   | Whom should we contact during normal business                              |  |
|  | hours for addit   | tional information?  |  |
| Received by(Assessor's designee)   | NAME  |  |  |
| of   |   |  |  |
| (county or city)   | ADDRESS (street, city, state, zip code)   |  |  |
| on   |   |  |  |
| (date)   |   |  |  |
|  | DAYTIME PHONE NUMBER EMAIL  | ADDRESS  |  |
|  |   |  |  |
| I certify (or declare) under penalty of periury und  | CERTIFICATION<br>der the laws of the State of California that the fore  | egoing and all information hereon.   |  |
|  | ocuments, is true, correct and complete to the be   |  |  |
| SIGNATURE OF PERSON MAKING CLAIM   | TITLE   | DATE   |  |
|  | PUBLIC RECORD AND IS SUBJECT TO PUBL  |  |  |
|  |   |  |  |

