237-R04-0518-33000203-1 BOE-237 REV. 04 (05-18)		COUNTY OF RIVERS	Peter Aldana Assessor-County Clerk-Recorder County of Riverside
EXEMPTION OF LOW-INCOME	TRIBAL HOUSING	ACTR	PO Box 751
To receive the full exemption, this claim mu	ist be filed with the Assessor by Fe	bruary 15.	Riverside, CA 92502-0751 Phone: (951) 413-2890 www.rivcoacr.org
State of California, County of		-	
(name of person ma	aking claim)	,	
who is filing this claim as, or on beha herein, states:	alf of, the	/ designated housing, owner and/or (	of the property described
1. That as			
		(officer)	
2. of the	(name of tribe	or tribally designated housing entity)	
			ZIP
4. the location of the property for wh			
	(give complete address)		ZIP
5. That this claim for exemption is n	nade for the 20 - 20	fiscal year on the lea	sed property described above.
The exemption cannot be allowed 7. That the property is owned and o	_	operator	owner/operator
			owner/operator
[ ] a federally recognized tribe (		,	
inure to the benefit of any pr		d for first time filers) whic	ch is nonprofit and no part of those net earnin
<ol> <li>That there is a deed restriction, occupied by or held for occupant</li> </ol>			ing that at least 30% of the housing units a
	251 and 254 of the Revenue a		ds, is also required to be filed with the Assess ose tribes or tribally designated housing entiti
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	ssor's designee)	NAME	
of(county or	city)	ADDRESS (street, city, state, zip code)	
on			
ON(date)	)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
			EWAL ADDRESS
	CERT	IFICATION	
	y of perjury under the laws of	the State of California th	nat the foregoing and all information hereon, e to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			

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

