37-R04-0518-33000053-1 BOE-237 REV. 04 (05-18)		Assessor-County Clerk-Recorder	
EXEMPTION OF LOW-INCOME TRIBAL HOUSING		County of Riverside $\tilde{z}$ PO Box 751	
To receive the full exemption, this claim must be filed with the Assess	or by February 15.	<sup>*</sup> Riverside, CA 92502-0751 Phone: (951) 413-2890	
State of California, County of		www.rivcoacr.org	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/o	or entity) of the property described	
1. That as			
	(officer)		
2. of the		4 A	
(nar	ne of tribe or tribally designated housing enti		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is claim	ned is		
(give complete ac	ddress)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the le	ased property described above	
in section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affirr The exemption cannot be allowed without the income a	053 of the Health and Safety C ming that the tenants' incomes	code or applicable federal, state, or local fina	
7. That the property is owned and operated by an owner operator owner/operator			
[ ] a federally recognized tribe (documentation require	ed for first time filers)		
[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) wh	nich is nonprofit and no part of those net earn	
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inc		iring that at least 30% of the housing units	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housin under the provisions of sections 251 and 254 of the Rev filing BOE-237, Exemption of Low-Income Tribal Housin	venue and Taxation Code for th		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by			
(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state,	zip code)	
(county or city)			
on			
(vaic)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
		· · · · · · · · · · · · · · · · · · ·	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the I including any accompanying statements or document			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

