237-R04-0518-17000156-1 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 State of California, County of	Chi	Richard Ford County Assess Lake County Courth 255 North Forbes St Lakeport, CA 95453 Assessor's Office Ph Recorder's Office Ph Fax: 707-263-3703	ouse reet none: 707-263-2302
(name of person making claim)		of	the property described
who is filing this claim as, or on behalf of, the	bally designated housing, owner and/or	entity)	the property described
1. That as			
	(officer)		
2. of the	ribe or tribally designated housing entity	<i>)</i>	
3. the mailing address of which is			_ ZIP
<ol><li>the location of the property for which exemption is claimed is</li></ol>	S		
			_ ZIP
(give complete address) 5. That this claim for exemption is made for the 20 20			
<ol> <li>That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 c assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidar</li> <li>That the property is owned and operated by an owner</li> </ol>	able federal, state, or local of the Health and Safety Co that the tenants' incomes a	financial assistance ode or applicable fee	e agreements and the rents deral, state, or local financia
[ ] a federally recognized tribe (documentation required fo	or first time filers)	<b>J</b>	
<ul> <li>a tribally designated housing entity (documentation required in the benefit of any private shareholder.</li> </ul>		ch is nonprofit and r	no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income</li> </ol>		ring that at least 30	)% of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing.</li> </ol>			
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)		
ON			
(uate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
CE		I	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.