EF-237-R03-0208-08000664-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

98 CH Te

## Jennifer Perry, Assessor County of Del Norte

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

State of California, County of	851		
(name of person making claim)	······································		
, , , , , , , , , , , , , , , , , , , ,			
o is filing this claim as, or on behalf of, the of the property descent, states:		of the property described	
1. That as			
2. of the	(officer)		
2. 01 110	(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 cla	imed is		
(give complete	e address)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prop	perty described above.	
6. That at least 30% of the housing are used for rental hour in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5 assistance agreements. An affidavit by the claimant affile The exemption cannot be allowed without the income	applicable federal, state, or local financia 0053 of the Health and Safety Code or ap firming that the tenants' incomes and rents	I assistance agreements and the rents plicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator owner/	operator	
[ ] a federally recognized tribe (documentation requ	ired for first time filers)		
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	on required for first time filers) which is non	profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-in		at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hou under the provisions of sections 251 and 254 of the Ri filing BOE-237, Exemption of Low-Income Tribal House	evenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER EM	AIL ADDRESS	
	( )	ALABBILEO	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or documents.	e laws of the State of California that the fo		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

