## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Douglas W. Wacker County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

(name of person making cl	aim)		
who is filing this claim as, or on behalf of, herein, states:	the	entity) of the property described	
1. That as			
	(officer)		
2. of the			
	(name of tribe or tribally designated housing entit		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which e			
	(give complete address)	ZIP	
	(3		
5. That this claim for exemption is made	for the 20 20 fiscal year on the lea	ased property described above.	
in section 50079.5 of the Health and S charged do not exceed the limits provid	sed for rental housing and related facilities for ter Safety Code or applicable federal, state, or local ded in section 50053 of the Health and Safety Co the claimant affirming that the tenants' incomes a nout the income affidavit.	financial assistance agreements and the rent ode or applicable federal, state, or local financia	
7. That the property is owned and operat	ed by an owner operator	owner/operator	
[ ] a federally recognized tribe (docu	mentation required for first time filers)	_	
[ ] a tribally designated housing entity inure to the benefit of any private	y (documentation required for first time filers) whi shareholder.	ch is nonprofit and no part of those net earning	
8. That there is a deed restriction, agree occupied by or held for occupancy by	ement, or other legally binding document requin qualifying low-income tenants.	ring that at least 30% of the housing units ar	
	BOE-237, Housing — Lower-Income Househol nd 254 of the Revenue and Taxation Code for the ome Tribal Housing.		
FOR ASSESSOR'S USE		Whom should we contact during normal business	
	houi	rs for additional information?	
Received by	signee) NAME		
of(county or city)	ADDRESS (street, city, state, z	ip code)	
on			
(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	erjury under the laws of the State of California t		
including any accompanying staten	nents or documents, is true, correct and complet	te to the best of my knowledge and belief.	
	TITLE	DATE	
SIGNATURE OF PERSON MAKING CLAIM		DATE	

