EF-237-R03-0208-17000883-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Richard Ford **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 claim)	,		
, , , , , , , , , , , , , , , , , , , ,		of the property described	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or ent	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption	is claimed is		
		ZIP	
(give c	complete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the lease	ed property described above.	
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claims The exemption cannot be allowed without the in-	le or applicable federal, state, or local fit tion 50053 of the Health and Safety Code ant affirming that the tenants' incomes an	nancial assistance agreements and the rents e or applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator o	owner/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		is nonprofit and no part of those net earnings	
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		g that at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tribal 	the Revenue and Taxation Code for thos		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)	Abbit 200 (street, city, state, 2)p c	ADDICESS (sileet, city, state, zip code)	
on(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
I certify (or declare) under penalty of perjury und	CERTIFICATION Her the laws of the State of California tha	t the foregoing and all information hereon	
including any accompanying statements or de			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

