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. 707-203-3703	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the _	/tribo or tribally dos	ignated housing, owner and/or entity)	of the property described
herein, states:	(tribe or tribally des	igriated flousing, owner and/or entity)	
1. That as			
		(officer)	
2. of the			
	(name of tribe or tr	ribally designated housing entity)	
3. the mailing address of which is	(give con	nplete mailing address)	ZIP
A the leasting of the group of the control of		prote maining address;	
the location of the property for which exempt	ion is claimed is		
			ZIP
	(give complete address)		
5. That this claim for exemption is made for the	20 20	fiscal year on the leased p	property described above.
5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.			
7. That the property is owned and operated by	an owner	operator own	ner/operator
[ ] a federally recognized tribe (documenta	tion required for first	time filers)	
[ ] a tribally designated housing entity (doctinure to the benefit of any private share		or first time filers) which is i	nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualify			nat at least 30% of the housing units are
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE- under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tile</li> </ol>	of the Revenue and		
FOR ASSESSOR'S USE ONL	Y		contact during normal business
		hours for	additional information?
Received by	i	NAME	
of (county or city)		ADDRESS (street, city, state, zip code)	
on			
	ī	DAYTIME PHONE NUMBER	EMAIL ADDRESS
		( )	
	CERTIFI		
I certify (or declare) under penalty of perjury including any accompanying statements of			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE

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

