EF-237-R03-0208-17000810-1 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)	-,			
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally desi	gnated housing, owner and/o	or entity)	_ of the property described
1. That as				
-		(officer)		
2. of the	(name of tribe or tri	bally designated housing enti	itu)	
O the median address of which is		Jany designated nodsing end		710
3. the mailing address of which is	(give complete mailing address)			ZIP
4. the location of the property for which exemption is	s claimed is			
				ZIP
(give con	mplete address)			
5. That this claim for exemption is made for the 20_	20 f	iscal year on the lea	ased property de	escribed above.
6. That at least 30% of the housing are used for rents in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the income.	e or applicable fe on 50053 of the h nt affirming that th	deral, state, or loca lealth and Safety C	l financial assist ode or applicable	ance agreements and the rents e federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/operate	or
[] a federally recognized tribe (documentation i	required for first t	ime filers)	_	
[] a tribally designated housing entity (documen inure to the benefit of any private shareholde		r first time filers) wh	ich is nonprofit a	nd no part of those net earnings
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying loads.			iring that at leas	at 30% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filling BOE-237, Exemption of Low-Income Tribal I 	ne Revenue and			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by		AME		
Of(county or city)	Ā	ADDRESS (street, city, state, zip code)		
on				
(date)	_	AYTIME PHONE NUMBER	EMAIL ADDR	ESS
	()		
	CERTIFIC	CATION	I	
I certify (or declare) under penalty of perjury under	er the laws of the	State of California	-	_
including any accompanying statements or doc SIGNATURE OF PERSON MAKING CLAIM	cuments, is true,	correct and comple	te to the best of	DATE
Page 1 Encontribution of Page 1				DATE.

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

