237-R04-0518-17000604-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assessor by F		Richard Ford County Assess Lake County Courtho 255 North Forbes Sti Lakeport, CA 95453 Assessor's Office Ph Recorder's Office Ph Fow: 707 262 3702	ouse reet one: 707-263-2302	
State of California, County of	_	Fax: 707-263-3703		
(name of person making claim)	;			
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or	entity) of	the property described	
1. That as				
	(officer)			
2. of the	ne or tribally designated housing entity	1		
the mailing address of which is	e or mbany designated housing entry,		_ ZIP	
3. the mailing address of which is	ve complete mailing address)		_ ZIP	
4. the location of the property for which exemption is claimed is				
			_ ZIP	
(give complete address)			_ ZIP	
5. That this claim for exemption is made for the 20 20	fiscal year on the lea	sed property descri	bed above.	
 assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit. 7. That the property is owned and operated by an owner [] a federally recognized tribe (documentation required for [] a tribally designated housing entity (documentation required for inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue 	it. operator first time filers) red for first time filers) binding document requir enants. Lower-Income Household	owner/operator ch is nonprofit and n ing that at least 30 ds, is also required t	to part of those net earning % of the housing units ar o be filed with the Assesso	
filing BOE-237, Exemption of Low-Income Tribal Housing.				
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by(Assessor's designee)	NAME			
of (county or city)	ADDRESS (street, city, state, zi	ADDRESS (street, city, state, zip code)		
ON(date)				
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
	RTIFICATION			
I certify (or declare) under penalty of perjury under the laws o including any accompanying statements or documents, is	true, correct and complet			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE	

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

