837-R04-0518-17000274-1 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 b	by February 15.	Richard Ford County Assess Lake County Courth 255 North Forbes St Lakeport, CA 95453 Assessor's Office Ph Recorder's Office Ph	ouse reet none: 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	tribally designated housing, owner and/or	r entity)	the property described	
1. That as				
	(officer)			
2. of the	f tribe or tribally designated housing entity	<i>(</i>)		
3. the mailing address of which is			_ ZIP	
	(give complete mailing address)			
4. the location of the property for which exemption is claimed	is			
			_ ZIP	
(give complete addres	ss)		_	
5. That this claim for exemption is made for the 20 20) fiscal year on the lea	ased property descr	ibed above.	
 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida 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 inure to the benefit of any private shareholder. 	avit. r operator for first time filers)	owner/operator		
 8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incompleted by other held for occupancy by qualifying low-incompleted by the held for occupancy by qualifying low-incompleted b		ring that at least 30	0% of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Revenu 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	_			
	NAME			
Of(county or city)	ADDRESS (street, city, state, z	ADDRESS (street, city, state, zip code)		
on				
ON(date)				
	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
CI				
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents,				
SIGNATURE OF PERSON MAKING CLAIM				
F			1	

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

