## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

To receive the full exemption, this claim must be filed with the Assessor by February 15.

**MENDOCINO COUNTY ASSESSOR** 501 Low Gap Road, Room 1020

DATE

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

**Katrina Bartolomie** 

(name of person making claim)	,		
o is filing this claim as, or on behalf of, the	ibally designated housing, owner and/or entity)	of the property described	
That as			
	(officer)		
of the	tribe or tribally designated housing entity)		
the mailing address of which is		ZIP	
	(give complete mailing address)		
the location of the property for which exemption is claimed	IS		
(give complete addres:	s)	ZIP	
That this claim for exemption is made for the 20 20_	fiscal year on the leased property	described above.	
That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidation.	able federal, state, or local financial ass of the Health and Safety Code or applica of that the tenants' incomes and rents do	sistance agreements and the rents able federal, state, or local financial	
That the property is owned and operated by an owner	operator owner/oper	rator	
a federally recognized tribe (documentation required for	or first time filers)		
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprof	fit and no part of those net earnings	
That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income		east 30% of the housing units are	
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, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)	-		
	DAYTIME PHONE NUMBER EMAIL AD	DDRESS	
	( )		
CI	ERTIFICATION		
I certify (or declare) under penalty of perjury under the laws	s of the State of California that the forego	oing and all information hereon	

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM