EF-237-R04-0518-23000362-1 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 February 15.



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the $_$ herein, states:	(tribe or tribally designated housing, owner and/or entity	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exempt	tion is claimed is		
((give complete address)	ZIP	
5. That this claim for exemption is made for the	20 20 fiscal year on the leased	I property described above.	
charged do not exceed the limits provided in	Code or applicable federal, state, or local fina section 50053 of the Health and Safety Code aimant affirming that the tenants' incomes and	ancial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by	an owner operator ov	vner/operator	
[] a federally recognized tribe (documenta	ation required for first time filers)		
 a tribally designated housing entity (docuing in the benefit of any private share) 	umentation required for first time filers) which is holder.	s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualify		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE- under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tr	of the Revenue and Taxation Code for those		
FOR ASSESSOR'S USE ONL		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, zip cod	ADDRESS (street, city, state, zip code)	
on			
(date)		EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury	under the laws of the State of California that	the foregoing and all information hereon,	
	or documents, is true, correct and complete to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

