EF-237-R03-0208-42000811-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159
Santa Barbara (805) 568-2550
Santa Maria (805) 346-8310

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, theherein, 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)		
the mailing address of which is		ZIP	
4. the leastion of the property for which exemption is	(give complete mailing address)		
4. the location of the property for which exemption is	ciaineu is		
(give con	nplete address)	ZIP	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for renta 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 claiman The exemption cannot be allowed without the income.	or applicable federal, state, or local final on 50053 of the Health and Safety Code of t affirming that the tenants' incomes and r	ncial assistance agreements and the rents or applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator ow	ner/operator	
[] a federally recognized tribe (documentation r	equired for first time filers)		
 a tribally designated housing entity (document inure to the benefit of any private shareholde 		nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo		that at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, a under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F 	e Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	riours to	additional information?	
Received by	NAME		
of	ADDRESS (street, city, state, zip code		
(county or city)	ADDRESS (Silee), City, State, 21p code)	
on(date)			
(acto)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury unde including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

