EF-237-R03-0208-42000821-1 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

DATE

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe or	ribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
the mailing address of which is	ZIP
C. the maning dudices of miletine	(give complete mailing address)
4. the location of the property for which exemption is claimed	is
	ZIP
(give complete address	s)
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as defined table federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial gethat the tenants' incomes and rents do not exceed those limits is attached. avit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required f	or first time filers)
<ul> <li>a tribally designated housing entity (documentation recinure to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompanies.	lly binding document requiring that at least 30% of the housing units are e tenants.
	<ul> <li>Lower-Income Households, is also required to be filed with the Assessor are and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Descrived by	nours for additional miormation?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
On(date)	_
(gate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CERTIFICATION	

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

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

TITLE



SIGNATURE OF PERSON MAKING CLAIM