EF-237-R03-0208-42000826-1 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 herein, states: | (tribe or tribally designated housing, owner and/or entity) of the property described |
| 1. That as | |
| 2 of the | (officer) |
| 2. of the | (name of tribe or tribally designated housing entity) |
| 3. the mailing address of which is | (give complete mailing address) |
| 4. the location of the property for which exemption | is claimed is |
| (give | omplete address) |
| 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 Co charged do not exceed the limits provided in sec | tal housing and related facilities for tenants who are persons of low income as defined le or applicable federal, state, or local financial assistance agreements and the rentsition 50053 of the Health and Safety Code or applicable federal, state, or local financia ant affirming that the tenants' incomes and rents do not exceed those limits is attached come affidavit. |
| 7. That the property is owned and operated by an | owner operator owner/operator |
| [] a federally recognized tribe (documentation | required for first time filers) |
| a tribally designated housing entity (docume inure to the benefit of any private sharehole | ntation required for first time filers) which is nonprofit and no part of those net earnings er. |
| 8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying | other legally binding document requiring that at least 30% of the housing units are low-income tenants. |
| | - |
| FOR ASSESSOR'S USE ONLY | 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 code) |
| | |
| On(date) | |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | CERTIFICATION |
| Loorlify (or doctors) under namely, of name | CERTIFICATION Ier the laws of the State of California that the foregoing and all information hereon, |

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



SIGNATURE OF PERSON MAKING CLAIM