EF-237-R03-0208-42000693-1 BOE-237 REV. 03 (02-08)



Joseph E. Holland County Clerk, Recorder and Assessor

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

State of California, County of		Santa Barbara (805) 346-8310 Santa Maria (805) 346-8310		
State of Camornia, 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 housin	a ontitul	
the mailing address of which is	(give	complete mailing address)		ZIP
4. the location of the property for which exemption				
(give	complete address)			ZIP
	,			
5. That this claim for exemption is made for the 20	20	fiscal year on the	e leased property	described above.
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in secassistance agreements. An affidavit by the claim The exemption cannot be allowed without the ir	de or applicable ction 50053 of the ant affirming that	e federal, state, or l ne Health and Safet	ocal financial ass y Code or applica	istance agreements and the rent ible federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/oper	ator
[] a federally recognized tribe (documentation	n required for fir	st time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 		d for first time filers)	which is nonprofi	t and no part of those net earning
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying			equiring that at le	east 30% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue a			
FOR ASSESSOR'S USE ONLY				t during normal business nal information?
Received by		NAME		
of(county or city)		ADDRESS (street, city, s	tate, zip code)	

CERTIFICATION

DAYTIME PHONE NUMBER

EMAIL ADDRESS

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.

SIGNATURE OF PERSON MAKING CLAIM TITLE DATE

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



(date)

on