EF-237-R04-0518-42000442-1 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.



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, 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 exemption is			
(give com	nplete address)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prope	rty 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 sectio assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the inco	or applicable federal, state, or local financial a on 50053 of the Health and Safety Code or appl t affirming that the tenants' incomes and rents of	assistance agreements and the rents icable federal, state, or local financia	
7. That the property is owned and operated by an $\[$	owner operator owner/op	perator	
[ ] a federally recognized tribe (documentation re	equired for first time filers)		
<ul> <li>a tribally designated housing entity (document inure to the benefit of any private shareholder</li> </ul>		rofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying lo		t least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, H under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H</li> </ol>	e Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
on(date)			
	DAYTIME PHONE NUMBER EMAIL	LADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under 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.