EF-237-R03-0208-48000718-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

M Science (70 htt

Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700
Fairfield, CA 94533-6338
(707) 784-6210
http://www.solanocounty.com/depts/ar assessor@solanocounty.com

State of California, County of	assessor@solanocounty.com
(name of person making claim)	
who is filing this claim as or on bohalf of the	of the property described
herein, states: (tribe or tri	ibally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of	tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
((give complete mailing address)
4. the location of the property for which exemption is claimed i	S
	ZIP
(give complete 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 Code or application charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applications.	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached wit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	r first time filers)
[] a tribally designated housing entity (documentation require to the benefit of any private shareholder.	uired for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income	ly binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nounc (of additional mile)
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
·	DAYTIME PHONE NUMBER EMAIL ADDRESS
CE	RTIFICATION
I certify (or declare) under penalty of perjury under the laws	of the State of California that the foregoing and all information hereon, s true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DESCRIPTION OF THE DESCRIP

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

