EF-237-R03-0208-17000742-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Richard Ford **County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

		Fax: 707-263-3703		
(name of person making claim)	,			
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally desig	nated housing, owner and/or er	ntity) of	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or trib	nally designated housing entity)		
the mailing address of which is		any designated nearing enacy		_ ZIP
5. the maining address of which is	(give complete mailing address)			. ZIF
4. the location of the property for which exemption is	s claimed is			
				_ ZIP
(give co	omplete address)			_
5. That this claim for exemption is made for the 20_	20 fi	scal year on the leas	ed property descri	bed above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the income.	e or applicable fed ion 50053 of the H nt affirming that the	deral, state, or local fi lealth and Safety Cod	inancial assistance le or applicable fec	e agreements and the rents leral, state, or local financial
7. That the property is owned and operated by an	owner	operator	owner/operator	
[] a federally recognized tribe (documentation)	required for first ti	me filers)		
[] a tribally designated housing entity (documen inure to the benefit of any private shareholds		first time filers) which	n is nonprofit and r	no part of those net earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo			ng that at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filling BOE-237, Exemption of Low-Income Tribal In	he Revenue and T			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by		nours	TOF AUGITIONAL III	ormation?
(Assessor's designee)	- NA	AME		
of(county or city)	ĀĪ	ADDRESS (street, city, state, zip code)		
	_			
On(date)				
	DA.	AYTIME PHONE NUMBER	EMAIL ADDRESS	
	(CERTIFIC)		
I certify (or declare) under penalty of perjury under	CERTIFIC er the laws of the		at the foregoing ar	nd all information hereon.
including any accompanying statements or do				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

