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, the herein, states:	(tribe or tribally designated housing, owner and/or en	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	claimed is		
		ZIP	
(give com	plete address)		
5. That this claim for exemption is made for the 20	20 fiscal year on the lease	ed property 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 fin 50053 of the Health and Safety Codaffirming that the tenants' incomes an	nancial assistance agreements and the rents e or applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator	owner/operator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
 a tribally designated housing entity (documental inure to the benefit of any private shareholder 		is nonprofit and no part of those net earnings	
That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying love		g that at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H 	Revenue and Taxation Code for thos		
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 o	ADDRESS (street, city, state, zip code)	
on(date)			
(uaic)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doct	the laws of the State of California tha		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

