EF-237-R03-0208-17000551-1 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

	T dx. 7	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 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	s claimed is		
(riverse		ZIP	
(give coi	mplete address)		
5. That this claim for exemption is made for the 20_	- 20 fiscal year on the leased pro	operty described above.	
6. That at least 30% of the housing are used for rental 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 federal, state, or local financi on 50053 of the Health and Safety Code or a nt affirming that the tenants' incomes and ren	al assistance agreements and the rentapplicable federal, state, or local financia	
7. That the property is owned and operated by an $lacksquare$	owner operator owne	r/operator	
[] a federally recognized tribe (documentation r	required for first time filers)		
[] a tribally designated housing entity (documen inure to the benefit of any private shareholde		onprofit and no part of those net earning	
 That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo 		at at least 30% of the housing units an	
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal I 	ne Revenue and Taxation Code for those tribe		
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)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER E	MAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury unde including any accompanying statements or do	er the laws of the State of California that the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

