EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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

| State of California, County of | Fax: | Fax: 707-263-3703 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| | | | |
| (name of person making claim) | — , | | |
| who is filing this claim as, or on behalf of, the | / 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 | complete mailing address) | ZIP | |
| 4. the location of the property for which exemption is claimed is | | | |
| | | ZIP | |
| (give complete address) | | | |
| 5. That this claim for exemption is made for the 20 20 | fiscal year on the leased p | roperty described above. | |
| 6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit. | e federal, state, or local financ he Health and Safety Code or at the tenants' incomes and re | cial assistance agreements and the rents applicable federal, state, or local financial | |
| 7. That the property is owned and operated by an owner | operator own | er/operator | |
| a federally recognized tribe (documentation required for fi | rst time filers) | | |
| [] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. | ed for first time filers) which is r | nonprofit and no part of those net earnings | |
| 8. That there is a deed restriction, agreement, or other legally loccupied by or held for occupancy by qualifying low-income te | | at at least 30% of the housing units are | |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Laurent the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing. | | | |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business hours for additional information? | | |
| Received by | | | |
| (Assessor's designee) | NAME | | |
| of | ADDRESS (street, city, state, zip code) | | |
| (county or city) | ADDINESS (Street, City, State, 21p code) | | |
| on | | | |
| (date) | | | |
| | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | () | | |
| CERT | TIFICATION | | |
| I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to | | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE | |
| > | | | |

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

