EF-237-R03-0208-07000771-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Gu Cc 255 Mar FAA Te

Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400

| State of California, County of | | http://www.cccounty.us/assessor | |
|---|---|--|--|
| (name of person making claim) | | | |
| who is filing this claim as, or on behalf of, the | | of the property described | |
| herein, states: (tribe or | rtribally designated housing, owner and/or entity) | | |
| 1. That as | | | |
| | (officer) | | |
| 2. of the | of tribe or tribally designated housing entity) | | |
| the mailing address of which is | | ZIP | |
| o | (give complete mailing address) | | |
| 4. the location of the property for which exemption is claimed | d is | | |
| | | ZIP | |
| (give complete addre | ess) | | |
| 5. That this claim for exemption is made for the 20 20 | 0 fiscal year on the leased p | roperty described above. | |
| 6. That at least 30% of the housing are used for rental housin in section 50079.5 of the Health and Safety Code or appli charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirmir The exemption cannot be allowed without the income affic | icable federal, state, or local finance of the Health and Safety Code or ng that the tenants' incomes and rel | cial assistance agreements and the rents applicable federal, state, or local financial | |
| 7. That the property is owned and operated by an owne | er operator own | er/operator | |
| [] a federally recognized tribe (documentation required | for first time filers) | | |
| a tribally designated housing entity (documentation red inure to the benefit of any private shareholder. | quired for first time filers) which is n | conprofit and no part of those net earnings | |
| 8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompanies. | | at at least 30% of the housing units are | |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filling BOE-237, Exemption of Low-Income Tribal Housing. | nue and Taxation Code for those tril | | |
| FOR ASSESSOR'S USE ONLY | | Whom should we contact during normal business hours for additional information? | |
| Received by | | | |
| (Assessor's designee) | NAME | | |
| of(county or city) | ADDRESS (street, city, state, zip code) | ADDRESS (street, city, state, zip code) | |
| | | | |
| On(date) | _ | | |
| | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | () | | |
| I certify (or declare) under penalty of perjury under the law | CERTIFICATION vs of the State of California that the | e foregoing and all information hereon | |
| including any accompanying statements or documents, | | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE | |

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

