EF-237-R03-0208-08000627-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

98 Cr Te

## Jennifer Perry, Assessor County of Del Norte

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

State of California, County of	85
(name of person making claim)	
	of the property described
who is filing this claim as, or on behalf of, the	of the property described ally designated housing, owner and/or entity)
1. That as	
2. of the	(officer)
(name of tril	ibe or tribally designated housing entity)
3. the mailing address of which is	ive complete mailing address)
4. the location of the property for which exemption is claimed is	
(give complete address)	ZIP
(giro complete address)	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached wit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	first time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	red for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t	$\gamma$ binding document requiring that at least 30% of the housing units are tenants.
	Lower-Income Households, is also required to be filed with the Assesso and Taxation Code for those tribes or tribally designated housing entities
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)
of(county or city)	ADDICEOG (Silvet, Gily, Silvet, 21) code)
on(date)	
(batc)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	RTIFICATION
I certify (or declare) under penalty of perjury under the laws of	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

