EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



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 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 claimed is		
		ZIP	
(give c	omplete address)		
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased pro	perty described above.	
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the ind	le or applicable federal, state, or local financia ion 50053 of the Health and Safety Code or ap ant affirming that the tenants' incomes and rents	al assistance agreements and the rent oplicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner	/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	ntation required for first time filers) which is no	nprofit and no part of those net earning	
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 		at least 30% of the housing units ar	
 BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY	Whom should we co	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)		
ON(date)			
	DAYTIME PHONE NUMBER EN	MAIL ADDRESS	
	()		
l andific (au da daus) un dans a dis a fun d	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM IS A	PUBLIC RECORD AND IS SUBJECT TO PU	BLIC INSPECTION.	

