237-R04-0518-17000540-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING	CONTROL OF LAR	Richard Ford County Assess Lake County Courthor 255 North Forbes Str	ouse	
To receive the full exemption, this claim must be filed with the Assessor by State of California, County of	Chi	Lakeport, CA 95453 Assessor's Office Ph Recorder's Office Ph Fax: 707-263-3703		
		1 07 200 0700		
(name of person making claim)	,			
who is filing this claim as, or on behalf of, the	ibally designated housing, owner and/or	entity) of	the property described	
1. That as				
	(officer)			
2. of the	tribe or tribally designated housing entity	<i>)</i>		
3. the mailing address of which is			ZIP	
4. the location of the property for which exemption is claimed i	IS			
(give complete address			_ ZIP	
5. That this claim for exemption is made for the 20 20_	,	used property descri	hed above	
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida	able federal, state, or local of the Health and Safety Co g that the tenants' incomes a avit.	financial assistance ode or applicable fec and rents do not exc	e agreements and the rent leral, state, or local financia	
7. That the property is owned and operated by an owner	operator	owner/operator		
[] a federally recognized tribe (documentation required fo				
[] a tribally designated housing entity (documentation require to the benefit of any private shareholder.	uired for first time filers) whi	ch is nonprofit and r	o part of those net earning	
 That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income 		ring that at least 30	% of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenue 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	- NAME			
of (county or city)	_ ADDRESS (street, city, state, zi	ADDRESS (street, city, state, zip code)		
ON(<i>date</i>)	_			
(bate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
CE		1		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is				
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE	
·	I		I	

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

