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.

