R37-R04-0518-17000056-1         BOE-237 REV. 04 (05-18)         EXEMPTION OF LOW-INCOME TRIBAL HOUSING         To receive the full exemption, this claim must be filed with the Assessor by         State of California, County of	Chi	Richard Ford County Assess Lake County Courthe 255 North Forbes St Lakeport, CA 95453 Assessor's Office Ph Recorder's Office Ph Fax: 707-263-3703	ouse reet none: 707-263-2302	
(name of person making claim)	<b>,</b>			
who is filing this claim as, or on behalf of, the	ibally designated housing, owner and/or	entity)	the property described	
1. That as				
	(officer)			
2. of the	tribe or tribally designated housing entity	)		
3. the mailing address of which is			_ ZIP	
	(give complete mailing address)		_	
4. the location of the property for which exemption is claimed is	s			
(give complete address)	;)		_ ZIP	
5. That this claim for exemption is made for the 20 20	•			
<ol> <li>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</li> <li>7. That the property is owned and operated by an owner</li> <li>[ ] a federally recognized tribe (documentation required fo</li> <li>[ ] a tribally designated housing entity (documentation required fo</li> <li>[ ] a tribally designated housing entity (documentation required fo</li> <li>[ ] a tribally designated housing entity (documentation required fo</li> <li>[ ] a tribally designated housing entity (documentation required for the benefit of any private shareholder.</li> <li>8. That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income</li> <li>9. 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.</li> </ol>	able federal, state, or local of the Health and Safety Co that the tenants' incomes a vit. operator or first time filers) uired for first time filers) which by binding document require tenants. - Lower-Income Household e and Taxation Code for the	financial assistance ode or applicable fee and rents do not exc over a spicable fee and rents do not exc over applicable fee over applicable fee o	e agreements and the ren deral, state, or local financ seed those limits is attache no part of those net earning 0% of the housing units a to be filed with the Assess designated housing entitie	
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, zi	ADDRESS (street, city, state, zip code)		
ON(date)				
(date)		EMAIL ADDRESS		
CE				
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	
			•	

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

