EF-237-R03-0208-42000776-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159

Santa Barbara (805) 568-2550

Santa Maria (805) 346-8310

DATE

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity) of the property described
herein, states:	unbany designated flousing, owner and/or enuty)
1. That as	
	(officer)
2. of the	of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
	(give complete mailing address)
the location of the property for which exemption is claimed	IIS
(give complete addre	ZIP
	55)
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 applicharged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial of that the tenants' incomes and rents do not exceed those limits is attached lavit.
7. That the property is owned and operated by an owne	r operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
 a tribally designated housing entity (documentation re- inure to the benefit of any private shareholder. 	quired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompanies.	ally binding document requiring that at least 30% of the housing units are ne tenants.
	 Lower-Income Households, is also required to be filed with the Assessor ue 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(county or city)	ADDRESS (street, city, state, zip code)
(county of only)	
On(date)	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	ERTIFICATION
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.	

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM