EF-237-R04-0518-42000308-1 BOE-2

## **EXE**

OF SANT

Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 P.U. DUX 139, Oama 20.22...,
Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

| BOE-237 REV. 04 (05-18)   | 1          |
|---|------------|
| EXEMPTION OF LOW-INCOME TRIBAL HOUSING  | <b>LAP</b> |
| To receive the full exemption, this claim must be filed with the Assessor by February 15. | T. IFORN   |

| State of California, County of   |   |   |                                       |  |
|--|---|---|---------------------------------------|--|
|  |   |   |                                       |  |
| (name of person making claim)  | ,   |   |                                       |  |
| who is filing this claim as, or on behalf of, theherein, states:   | (tribe or tribally des  | signated housing, owner and/or entity)  | of th                                 | e property described                                       |
| 1. That as   |   |   |                                       |  |
| <u> </u>   |   | (officer)   |                                       |  |
| 2. of the  |   |   |                                       |  |
|  | (name of tribe or tr  | ibally designated housing entity)   |                                       |  |
| the mailing address of which is  | (give con   | nplete mailing address)   | ?                                     | ZIP  |
| 4. the location of the property for which exemption  | is claimed is   |   |                                       |  |
|  |   |   |                                       | ZIP  |
|  | complete address)   |   |                                       |  |
| 5. That this claim for exemption is made for the 20  | 20  | fiscal year on the leased p   | roperty describe                      | ed above.  |
| 6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in | de or applicable for<br>tion 50053 of the<br>ant affirming that t | ederal, state, or local finand<br>Health and Safety Code or                     | cial assistance a<br>applicable feder | agreements and the rents<br>ral, 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 first  | time filers)  |                                       |  |
| <ul> <li>a tribally designated housing entity (docume<br/>inure to the benefit of any private sharehold</li> </ul>   |   | or first time filers) which is r  | nonprofit and no                      | part of those net earnings                                 |
| 8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying   |   |   | at at least 30%                       | of the housing units are                                   |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tribat  | the Revenue and   |   |                                       |  |
| 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)   |   | ADDITION (Gardel, Gity, Glate, 21p 6666)  |                                       |  |
| on   |   |   |                                       |  |
| (date)   |   | DAYTIME PHONE NUMBER  | EMAIL ADDRESS                         |  |
|  |   | ( )   | EWW WE NEDDITEGO                      |  |
|  |   | ,   |                                       |  |
|  | CERTIFI   | CATION  |                                       |  |
| I certify (or declare) under penalty of perjury und<br>including any accompanying statements or de   |   |   |                                       |  |
| SIGNATURE OF PERSON MAKING CLAIM   |   | TITLE   |                                       | ATE  |
|  |   |   |                                       |  |

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

