EF-237-R04-0518-11000232-1 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 February 15.



Sendy Perez Glenn County Assessor/Clerk/Recorder

516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

| State of California, County of | | | |
|--|--|--|--|
| (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 | Ariba and Ariba Hardanian And Instantian and Italia | | |
| | tribe or tribally designated housing entity) | | |
| | (give complete mailing address) | ZIP | |
| 4. the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the property for which exemption is claimed in the location of the l | | ZIP | |
| 5. That this claim for exemption is made for the 20 20_ | fiscal year on the leased p | property described 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 applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida | abl <mark>e fed</mark> era <mark>l, state, or local fi</mark> nar of the Health and Safety Code or of that the tenants' incomes and re | cial as <mark>sis</mark> tance agreements and the rents applicable federal, state, or local financial | |
| 7. That the property is owned and operated by an owner | operator own | ner/operator | |
| [] a federally recognized tribe (documentation required for | or first time filers) | | |
| a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. | uired 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-income | | nat at least 30% of the housing units are | |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenu filling BOE-237, Exemption of Low-Income Tribal Housing. | | | |
| FOR ASSESSOR'S USE ONLY | | contact during normal business additional information? | |
| Received by | NAME | | |
| of(county or city) | ADDRESS (street, city, state, zip code) | ADDRESS (street, city, state, zip code) | |
| on | - | | |
| | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | () | | |
| CE | ERTIFICATION | | |
| I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, i | | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE | |
| | | | |

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

