EF-237-R04-0518-12000284-1 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.



Howard LaHaie Humboldt County Assessor 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276

State of California, County of		
(name of person making claim)		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally 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	(give complete mailing address)	
4. the location of the property for which exemption is	claimed is	ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the incoment.	I housing and related facilities for tenants or applicable federal, state, or local finan n 50053 of the Health and Safety Code o t affirming that the tenants' incomes and re	who are persons of low income as defined ncial assistance agreements and the rents r applicable federal, state, or local financial
7. That the property is owned and operated by an	owner operator ow	ner/operator
[] a federally recognized tribe (documentation r	equired for first time filers)	
 a tribally designated housing entity (document inure to the benefit of any private shareholde 		nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo		that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Junder the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F	e Revenue and Taxation Code for those t	
FOR ASSESSOR'S USE ONLY		contact during normal business radditional information?
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury unde	the laws of the State of California that th	
including any accompanying statements or doc		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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