EF-237-R04-0518-12000139-1 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	tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is claimed		ZIP	
5. That this claim for exemption is made for the 20 20) fiscal year on the leased pro	perty 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 appli- charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirmin The exemption cannot be allowed without the income affid	cable federal, state, or local financia of the Health and Safety Code or a ng that the tenants' incomes and rent	al as <mark>sis</mark> tance agreements and the rents oplic <mark>able federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an owne	r operator owner	/operator	
[] a federally recognized tribe (documentation required f	for first time filers)		
 a tribally designated housing entity (documentation rec inure to the benefit of any private shareholder. 	quired for first time fi <mark>le</mark> rs) which is no	nprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom		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 Reven filing BOE-237, Exemption of Low-Income Tribal Housing.			
FOR ASSESSOR'S USE ONLY		ntact during normal business	
	hours for ac	lditional information?	
Received by(Assessor's designee)	- NAME		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on	_ _		
	DAYTIME PHONE NUMBER	MAIL ADDRESS	
	()		
C	ERTIFICATION		
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents,			
SIGNATURE OF PERSON MAKING CLAIM			

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