EF-237-R04-0518-12000107-1 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		ZIP	
4. the location of the property for which exemption	(give complete mailing address) is claimed is		
		ZIP	
	complete address)		
5. That this claim for exemption is made for the 20			
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the in	de o <mark>r applicable federal, s</mark> tate, or local financia tion 50053 of the Health and Safety Code or ap an <mark>t a</mark> ffirming that the t <mark>en</mark> ants' incomes and rents	Il as <mark>sis</mark> tance agreements and the rents opli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an	owner operator owner	/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	entation required for first time filers) which is nor der.	profit 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 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 Triba	the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		ntact during normal business	
	nours for ad	lditional information?	
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)		ADDINESS (Sireer, City, State, Zip Code)	
on			
	DAYTIME PHONE NUMBER EN	/AIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und	der the laws of the State of California that the f	oregoing and all information hereon,	
	ocuments, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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