## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



## Douglas W. Wacker County Assessor-Recorder Lake County Courthouse 255 North Earbas Streat

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

(name of person making claim)	1	
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(name	e 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 claime	d is	ZIP
5. That this claim for exemption is made for the 20 2	0fiscal year on the leased propert	y 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 app charged do not exceed the limits provided in section 5005 assistance agreements. An affidavit by the claimant affirming the exemption cannot be allowed without the income affirmed to the income affirmed to the income affirmed to the income affirmation.	licable federal, state, or local financial as 3 of the Health and Safety Code or applic ng that the tenants' incomes and rents do	sistance agreements and the rent able federal, state, or local financia
7. That the property is owned and operated by an owned	er operator owner/ope	erator
[ ] a federally recognized tribe (documentation required	for first time filers)	
[ ] a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.	equired for first time filers) which is nonpro	ofit and no part of those net earning
8. That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incor		least <mark>3</mark> 0% of the housing units ar
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing</li> </ol>	nue and Taxation Code for those tribes or	
FOR ASSESSOR'S USE ONLY		ct during normal business
	hours for additi	ional information?
Received by(Assessor's designee)		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
(date)	—	
	DAYTIME PHONE NUMBER EMAIL A	ADDRESS
	( )	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A PUBLIC	RECORD AND IS SUBJECT TO PUBLI	

