EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Douglas W. Wacker **County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

| State of California, County of | | | Fax: 707-263-3703 | | | |
|--|---|---|--|--|--|--|
| | | | | | | |
| _ | (name of person making claim) | , | | | | |
| | ho is filing this claim as, or on behalf of, the | tribally desi | ignated 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 com | pplete mailing address) | | ZIP | |
| 4. | the location of the property for which exemption is claimed | | | 5 / | ZIP | |
| 5. | That this claim for exemption is made for the 20 20 | | fiscal year on the leased | property descri | ibed 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 affidence. | cable fe of the I g that th | ederal, state, or local fina Health and Safety Code (| ncial as <mark>sis</mark> tance or appli <mark>cable fec</mark> | e agreements and the rents deral, state, 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 (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder. | | | | | |
| 8. | | at there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are supied by or held for occupancy by qualifying low-income tenants. | | | | |
| 9. | BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, Exemption of Low-Income Tribal Housing. | | | | | |
| | FOR ASSESSOR'S USE ONLY | | | contact during additional into | ng normal business | |
| | Received by | | NAME | additional iii | | |
| | of. | | | | | |
| | Of(county or city) | ADDRESS (street, city, state, zip code | RESS (street, city, state, zip code) | | | |
| | on | - | | | | |
| | (date) | _ _ | DAYTIME PHONE NUMBER | EMAIL ADDRESS | | |
| | | | () | ENVIENDBILEGO | | |
| CERTIFICATION | | | | | | |
| | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. | | | | | | |
| SIG | GNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE | |

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

