EF-237-R03-0208-42000378-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

State of California, County of	CIFOR
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
0(1)	(officer)
2. of the	or tribally designated housing entity)
3. the mailing address of which is	complète 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.
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio	d related facilities for tenants who are persons of low income as defined a federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financia at the tenants' incomes and rents do not exceed those limits is attached
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	d for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally I occupied by or held for occupancy by qualifying low-income te	pin <mark>ding docume</mark> nt requiring that at least <mark>30</mark> % of the housing units are nants.
	ower-Income Households, is also required to be filed with the Assesson and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information:
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	. 22. 1200 (0.000, 0.0), 0.000
on	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CER	TIFICATION
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.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

