EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888 FAX: (707) 565-3318

State of California, County of	FAX: (707) 565-3316 FAX: (707) 565-3317	
(name of person making claim)	—,	
who is filing this claim as, or on behalf of, the	y designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	or tribally designated housing entity)	
	e complete mailing addres <mark>s)</mark>	ZIP
4. the location of the property for which exemption is claimed is)/2	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit.	e federal, state, or local finar he Health and Safety Code or at the tenants' incomes and re	ncial assistance agreements and the rents rapplicable federal, state, or local financial
7. That the property is owned and operated by an owner	operator own	ner/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. 8. That there is a deed restriction, agreement, or other legally to occupied by or held for occupancy by qualifying low-income te 	pinding document requiring t	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L under the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing. 		
FOR ASSESSOR'S USE ONLY		contact during normal business
Received by	hours for	additional information?
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(Butto)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CERT	TIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

