37-R04-0518-49000179-1	CTO A PLAN	Sonoma County Clerk-Recorder-Asse
	18	Rm 104 Fiscal Bldg
EXEMPTION OF LOW-INCOME TRIBAL HOUSING	INDUSTRY San	585 Fiscal Dr. Santa Rosa, CA 95403-2872
o receive the full exemption, this claim must be filed with the Assessor by Fe	bruary 15.	TELEPHONE: (707) 565-1888
State of California, County of		FAX: (707) 565-3318 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	
3. the mailing address of which is	complete mailing address)	ZIP
4. the location of the property for which exemption is claimed is		
		ZIP
(give complete address)		
<ol><li>That this claim for exemption is made for the 20 20</li></ol>	fiscal year on the lea	used property described above.
in section 50079.5 of the Health and Safety Code or applicabl charged do not exceed the limits provided in section 50053 of t assistance agreements. An affidavit by the claimant affirming th The exemption cannot be allowed without the income affidavit	he Health and Safety Co a <mark>t the ten</mark> ants' incomes a	ode or applic <mark>able federa</mark> l, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an owner	operator	owner/operator
[ ] a federally recognized tribe (documentation required for fi		
<ul> <li>[ ] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>		ch is nonprofit and no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or other legally l occupied by or held for occupancy by qualifying low-income te</li> </ol>		ring that at least 30% of the housing units ar
<ol> <li>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.</li> </ol>	and Taxation Code for the	ose tribes or tribally designated housing entitie
FOR ASSESSOR'S USE ONLY		d we contact during normal business s fo <mark>r</mark> additional information?
Destingthe		
Received by(Assessor's designee)	NAME	
Of (county or city)	ADDRESS (street, city, state, z	ip code)
ON(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	( )	
CEPI		
CER		
I certify (or declare) under penalty of perjury under the laws of	the State of California t	hat the foregoing and all information hereon,
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to		

EF-237-R04-0518-49000179