EF-237-R03-0208-07000300-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Gus Cou 2530 Marti FAX: Telep

Gus Kramer
County Assessor
2530 Arnold Drive, Suite 100

Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

State of California, County of	http://www.cccounty.us/assessor
(name of person making claim)	,
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described
1. That as	
2. of the	(officer)
2. 01 110	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is	ZIP
(give co	plete address)
5. That this claim for exemption is made for the 20	20fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti	
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation	equired for first time filers)
[] a tribally designated housing entity (documer inure to the benefit of any private shareholds	ation required for first time filers) which is nonprofit and no part of those net earnings.
 That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying leading to the companion of the	her legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor e Revenue and Taxation Code for those tribes or tribally designated housing entities lousing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Positivity.	nours for additional miormation:
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	ADDRESS (Sileet, City, State, Zip Code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon,
	uments, 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.

