EF-237-R03-0208-17000403-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

	Fax: 707-263-3703
(name of person making claim)	
who is filing this claim as, or on behalf of, the	lly designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	re complete 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.
6. That at least 30% of the housing are used for rental housing are in section 50079.5 of the Health and Safety Code or applicab charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rent the Health and Safety Code or applicable federal, state, or local financial 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 the	first time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income te 	bin <mark>ding docume</mark> nt requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assesso 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?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	, , , , , , , , , , , , , , , , , , , ,
on	
, ,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	TIFICATION
	f the State of California that the foregoing and all information hereon, 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.

