EF-237-R03-0208-17000409-1 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 clai	m) ,			
who is filing this claim as, or on behalf of, an erein, states:	he(tribe or tribally de	signated housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the		tribally designated housing entity)		
3. the mailing address of which is	,	, 223g		ZIP
4. the location of the property for which ex		mplete mailing address)		ZIP
5. That this claim for exemption is made f	or the 20 20	fiscal year on the leased n	roperty descri	bed above.
5. That at least 30% of the housing are us in section 50079.5 of the Health and S charged do not exceed the limits provid assistance agreements. An affidavit by the exemption cannot be allowed with	ed for rental housing and rafety Code or applicable fed in section 50053 of the he claimant affirming that	elated facilities for tenants of ederal, state, or local finan Health and Safety Code or	who are person cial assistance applicable fed	ns of low income as define agreements and the ren eral, state, or local financi
7. That the property is owned and operate	ed by an owner	operator own	er/operator	
[ ] a federally recognized tribe (docur	nentation required for first	time filers)		
[ ] a tribally designated housing entity inure to the benefit of any private s		for first time filers) which is r	non <mark>pr</mark> ofit and n	o part of those net earning
<ol> <li>That there is a deed restriction, agree occupied by or held for occupancy by or</li> </ol>			nat at least 30	% of the housing units a
<ol> <li>BOE-237-A, Supplemental Affidavit for under the provisions of sections 251 an filing BOE-237, Exemption of Low-Inco</li> </ol>	d 254 <mark>of the Revenue and</mark>			
FOR ASSESSOR'S USE	ONLY		contact durin additional inf	g normal business
Received by	ignee)	NAME	auditional IIII	ormation?
of		ADDRESS (street, city, state, zip code)		
(county or city)		· · · · · · · · · · · · · · · · · · ·		
on				
(adio)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		( )		
		ICATION		
I certify (or declare) under penalty of pe including any accompanying statem				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

