EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



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)	7	
who is filing this claim as, or on behalf of, the	ribe or tribally designated housing, owner and/	or entity) of the property described
herein, states: (t		
1. That as		
	(officer)	
2. of the		
	name of tribe or tribally designated housing en	
3. the mailing address of which is	(give complete mailing address)	
4. the location of the property for which exemption is clai		ZIP
That this claim for exemption is made for the 20	- 20fiscal year on the le	ased property described above.
6. That at least 30% of the housing are used for rental ho in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant aff The exemption cannot be allowed without the income	applicable federal, state, or loca 0053 of the Health and Safety (irming that the tenants' incomes	al financial as <mark>sistance ag</mark> reements and the rents code or appli <mark>ca</mark> ble federal, state, or local financia
7. That the property is owned and operated by an 🗌 o	wner operator	owner/operator
[] a federally recognized tribe (documentation requi	red for first time filers)	
[] a tribally designated housing entity (documentatio inure to the benefit of any private shareholder.	n required for first time filers) wh	nich is nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-ir 		iring that at least <mark>30</mark> % of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Hou under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal Hous 	evenue and Taxation Code for the sing.	hose tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY		IId we contact during normal business Irs for additional information?
	not	irs for additional information?
Received by(Assessor's designee)	NAME	
Of(county or city)	ADDRESS (street, city, state,	zip code)
ON(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume		
SIGNATURE OF PERSON MAKING CLAIM		

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



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