EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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

State of California, County of			Fax: 707-263-3703				
	(compared a compared by the state)	,					
L	(name of person making claim)				. •	(b	
herein, states:	s claim as, or on behalf of, the	(tribe or tribally des	gnated housing	, owner and/or entity)	Of	the property described	
1. That as							
			(officer)				
2. of the		(name of tribe or tri	bally designated	I housing entity)			
3. the mailing	address of which is					ZIP	
4. the location	of the property for which exemption is		plete mailing ad	dress)		ZIP	
5. That this cla	aim for exemption is made for the 20		fiscal year	on the leased	property descri	bed above.	
6. That at leas in section 5 charged do assistance a	t 30% of the housing are used for renta 0079.5 of the Health and Safety Code not exceed the limits provided in section agreements. An affidavit by the claimar tion cannot be allowed without the income	al housing and re e or applicable fe on 50053 of the I at affirming that the	elated facili deral, stat lealth and	ties for tenants e, or local finar Safety Code o	who are person icial assistance applicable fed	ns of low income as defined e agreements and the rents leral, state, or local financial	
7. That the pro	operty is owned and operated by an	owner	operat	or owr	ner/operator		
[] a federally recognized tribe (documentation required for first time filers)							
	[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.						
	That there is a deed res <mark>triction, agreement, or other le</mark> gally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.						
under the p	, Supplemental Affidavit for BOE-237, rovisions of sections 251 and 254 of the 237, Exemption of Low-Income Tribal I	ne Revenue and					
	FOR ASSESSOR'S USE ONLY		Who		/	g normal business	
Received by	(Assessor's designee)		IAME	hours for	additional inf	ormation?	
Of (county or city) ADDRESS (street, city, state, zip code)							
on	(date)						
	(uate)	Ī	DAYTIME PHON	IE NUMBER	EMAIL ADDRESS		
)				
		CERTIFI	CATION				
	declare) under penalty of perjury under any accompanying statements or do						
_	SON MAKING CLAIM	, - ,	TITLE			DATE	

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

