EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)	of the property described	
I. That as			
	(officer)		
2. of the			
(nam	e of tribe or tribally designated housing entity)		
 the mailing address of which is 	(give complete mailing address)	ZIP	
 the location of the property for which exemption is claime (give complete add) 		ZIP	
5. That this claim for exemption is made for the 20	20fiscal year on the leased proper	ty described above.	
5. That at least 30% of the housing are used for rental housi in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005 assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income aff	plicable federal, state, or local financial as 3 of the Health and Safety Code or applic ing that the tenants' incomes and rents do	ssistance agreements and the ren able federal, state, or local financi	
7. That the property is owned and operated by an 🗌 own	er operator owner/ope	erator	
[] a federally recognized tribe (documentation required	d for first time filers)		
[] a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.	equired for first time filers) which is nonpro	ofit and no part of those net earning	
 That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-inco 		least <mark>30</mark> % of the housing units a	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housin under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing 	nue and Taxation Code for those tribes o		
FOR ASSESSOR'S USE ONLY		ct during normal business	
	hours for addit	ional information?	
Received by(Assessor's designee)			
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
I certify (or declare) under penalty of perjury under the la including any accompanying statements or document.	s, is true, correct and complete to the bes	st of my knowledge and belief.	
I certify (or declare) under penalty of perjury under the la including any accompanying statements or document. SIGNATURE OF PERSON MAKING CLAIM	s, is true, correct and complete to the bes	t of my knowledge and belief.	

