EF-237-R04-0518-28000248-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



John Tuteur Napa County Assessor-Clerk-Recorder 1127 First St Room 128 Napa, CA 94559 PH: (707) 253-4467 FAX: (707) 253-6171

State of California, County of				
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designa	ted housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the				
	(name of tribe or tribally	designated housing entity)		
3. the mailing address of which is				ZIP
4. the location of the property for which exemption is a		e mailing address)		ZIP
5. That this claim for exemption is made for the 20		cal year on the leased p	roperty descrit	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incon	or applicable fede 50053 of the Hea affirming that the	ra <mark>l, state, or lo</mark> cal financ al <mark>th and Safe</mark> ty Code or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agreements and the rents eral, state, or local financial
7. That the property is owned and operated by an	owner	operator own	er/operator	
[] a federally recognized tribe (documentation rec	quired for first tim	e filers)		
 a tribally designated housing entity (documenta inure to the benefit of any private shareholder. 	tion required for f	rst time filers) which is r	nonprofit and n	o part of those net earnings
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying low			at at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, He under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal He	Revenue and Tax			
FOR ASSESSOR'S USE ONLY		Whom should we	contact during	g normal business
Received by		hours for	additional inf	ormation?
(Assessor's designee)	NAM	E		
of(county or city)	ADD	RESS (street, city, state, zip code)		
	— —			
ON(date)				
	DAY	TIME PHONE NUMBER	EMAIL ADDRESS	
	()		
		TION		
	CERTIFICA			
I certify (or declare) under penalty of perjury under a including any accompanying statements or docu				
SIGNATURE OF PERSON MAKING CLAIM	TI	ΓLE		DATE

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