EF-237-R03-0208-42000283-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

	_
(name of person making claim)	— ,
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
(officer)	
2. of the	e or tribally designated housing entity)
	e complete mailing address)
4. the location of the property for which exemption is claimed is (give complete address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio	of related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial at the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income te	pin <mark>di</mark> ng docu <mark>me</mark> nt requiring that at least 30% of the housing units are enants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assessor under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, Exemption of Low-Income Tribal Housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERTIFICATION CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

