## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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

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

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 designated 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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption		ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claims The exemption cannot be allowed without the in	ntal housing and related facilities for tenants de or applicable federal, state, or local fina tion 50053 of the Health and Safety Code ant affirming that the tenants' incomes and	s who are persons of low income as defined incial assistance agreements and the rent or applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator ov	vner/operator	
[ ] a federally recognized tribe (documentation	required for first time filers)		
<ul> <li>a tribally designated housing entity (docume inure to the benefit of any private sharehold</li> </ul>		s non <mark>profit and no</mark> part of those net earning	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Tribal	the Revenue and Taxation Code for those I Housing.	tribes or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?	
Received by		•	
(Assessor's designee)	NAME		
Of(county or city)	ADDRESS (street, city, state, zip cod	ADDRESS (street, city, state, zip code)	
on			
OTI(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or de			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

