EF-237-R04-0518-42000118-1 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.



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	ribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
	tribe or tribally designated housing entity)
 3. the mailing address of which is 4. the location of the property for which exemption is claimed 	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 applic charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached. avit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required f	or first time filers)
 a tribally designated housing entity (documentation req inure to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	Ily binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor use and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Dessived by	
Received by	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CI	ERTIFICATION
	s of the State of California that the foregoing and all information hereon, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE
THIS EXEMPTION CLAIM IS A PUBLIC R	ECORD AND IS SUBJECT TO PUBLIC INSPECTION.

