EXEMPTION OF LOW-INCOME TRIBAL HOUSING

GOLANO G S S F COUNTY ht

Glenn Zook Solano County Assessor/Recorder

675 Texas Street Suite 2700
Fairfield, CA 94533-6338
(707) 784-6210
http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

State of California, County of	assessor@solanocounty.gov		
(name of person making claim)			
who is filing this claim as, or on behalf of, the	of the property described		
1. That as			
(officer)			
2. of the			
	rtribally designated nousing entity)		
 3. the mailing address of which is	omplete mailing address)		ZIP
5. That this claim for exemption is made for the 20 20	_fiscal year on the leased p	oroperty descri	ibed above.
6. That at least 30% of the housing are used for rental housing and in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming that The exemption cannot be allowed without the income affidavit.	federal, state, or local finan Health and Safety Code or	ncial as <mark>sistance</mark> r appli <mark>ca</mark> ble fec	e agreements and the rents deral, state, or local financial
7. That the property is owned and operated by an owner	operator owr	ner/operator	
[] a federally recognized tribe (documentation required for first	t time filers)		
[] a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.	for first time filers) which is	non <mark>pr</mark> ofit and r	o part of those net earnings
8. That there is a deed restriction, agreement, or other legally bi occupied by or held for occupancy by qualifying low-income ten		hat at least 30	% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lounder the provisions of sections 251 and 254 of the Revenue and filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY	d Taxation Code for those tr Whom should we	contact durin	designated housing entities ng normal business
Received by	hours for	additional int	formation?
of(county or city)	ADDRESS (street, city, state, zip code)		
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
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.

