EF-237-R03-0208-49000355-1 BOE-237 REV. 03 (02-08)

State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

8 AGRICULTURE MOUSTRY

William F Rousseau Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

FAX: (707) 565-3318 FAX: (707) 565-3317

FAX. (107) 505-3317		a. (707) 505-3317
(name of person making claim)	—,	
who is filing this claim as, or on behalf of, the	y designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(name of tribe	e or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is claimed is	e complete mailing address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased n	roperty described above
6. That at least 30% of the housing are used for rental housing an 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 the The exemption cannot be allowed without the income affidavit.	d related facilities for tenants of tenants	who are persons of low income as defined cial assistance agreements and the rents applicable federal, state, or local financia
7. That the property is owned and operated by an owner		er/operator
 [] a federally recognized tribe (documentation required for file) [] a tribally designated housing entity (documentation required in incrementation in the benefit of any private shareholder. 3. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income temperature. 	ed for first time filers) which is rounding document requiring the	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L under the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing. 		
FOR ASSESSOR'S USE ONLY		contact during normal business
Received by	NAME	additional information?
Of(county or city)	ADDRESS (street, city, state, zip code)	
on		
,/	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CERT	TIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is to		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

