EF-237-R03-0208-08000340-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

98 Cr Te

Jennifer Perry, Assessor County of Del Norte

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

State of California, County of	85
(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	of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP.
4. the location of the property for which exemption is claimed	(give complete mailing address) is ZIP
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased property described above
 That at least 30% of the housing are used for rental housing 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.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	or first time filers)
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	uired fo <mark>r first time file</mark> rs) which is nonprofit and <mark>no</mark> part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income	lly bin <mark>ding docume</mark> nt requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor 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?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	_ ADDRESS (Sireel, City, State, Zip Gode)
on	_
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CE	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 DATE

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

