EF-237-R04-0518-37000216-1 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.



Jordan Marks San Diego County Assessor 1600 Pacific Highway, Suite 103 San Diego, CA 92101 Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov

State of California, County of				
(name of person making claim)	, ,			
who is filing this claim as, or on behalf of, th herein, states:	e(tribe or tribally designated ho	using, owner and/or entity)	of the property described	
1. That as				
	(officer)		
2. of the	(name of tribe or tribally desig	nated housing entity)		
3. the mailing address of which is	(give complete maili	ing address)	ZIP	
4. the location of the property for which exe		IS		
	(give complete address)		ZIP	
5. That this claim for exemption is made for	- the 20 20 fiscal y	ear on the leased propert	y described above.	
 That at least 30% of the housing are used in section 50079.5 of the Health and Saf charged do not exceed the limits provided assistance agreements. An affidavit by the The exemption cannot be allowed without 	iety Code or applicable federal, d in section 50053 of the Health e claimant affirming that the tena	state, or <mark>lo</mark> cal financial as and Safety Code or applic	sistance agreements and the rents able federal, state, or local financia	
7. That the property is owned and operated	by an owner ope	erator owner/ope	erator	
[] a federally recognized tribe (docume	entation required for first time file	ers)		
 a tribally designated housing entity (inure to the benefit of any private sh 		ime filers) which is nonpro	fit and no part of those net earnings	
8. That there is a deed restriction, agreem occupied by or held for occupancy by qu		cument requiring that at	least <mark>30</mark> % of the housing units are	
9. BOE-237-A, Supplemental Affidavit for B under the provisions of sections 251 and filing BOE-237, Exemption of Low-Incom	254 of the Revenue and Taxatio			
FOR ASSESSOR'S USE C	INLY		ct during normal business ional information?	
Received by				
(Assessor's design	nee) NAME			
of (county or city)	ADDRESS	ADDRESS (street, city, state, zip code)		
ON(date)				
(date)	DAYTIME	PHONE NUMBER EMAIL A	ADDRESS	
	()		
	CERTIFICATIO	N		
I certify (or declare) under penalty of per				
including any accompanying statemer	nts or documents, is true, correc	t and complete to the bes	t of my knowledge and belief.	

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

