EF-237-R03-0208-38000354-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Joaquin Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

State of California, County of	
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described of the property described
herein, states: (tribe or trib	.,,
1. That as	
	(officer)
2. of the	
(name of tr	ribe 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	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 applica charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rent of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached wit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	r first time filers)
 a tribally designated housing entity (documentation requinance to the benefit of any private shareholder. 	ired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income	y bin <mark>ding docume</mark> nt requiring that at least 30% of the housing units are tenants.
	- Lower-Income Households, is also required to be filed with the Assesso e 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?
	nours for additional information?
Received by(Assessor's designee)	NAME
(IVAIVIL
of	ADDRESS (street, city, state, zip code)
(county or city)	
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,	
	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
N	

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

