## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



## Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County

44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658 www.sjgov.org/assessor\_recorder

(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(name 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 is (give complete address)	complete mailing address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property	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.	e federal, state, or local financial assi ie Health and Safety Code or applical at the tenants' incomes and rents do n	stance agreements and the rents ole federal, state, or local financia
7. That the property is owned and operated by an owner	operator owner/opera	ator
[ ] a federally recognized tribe (documentation required for first time filers)		
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	d 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 b occupied by or held for occupancy by qualifying low-income te		ast <mark>3</mark> 0% of the housing units are
<ol> <li>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.</li> </ol>		
FOR ASSESSOR'S USE ONLY	Whom should we contact	
	hours for addition	nal information?
Received by(Assessor's designee)		
	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
(date)		
	DAYTIME PHONE NUMBER EMAIL ADI	DRESS
CERT I certify (or declare) under penalty of perjury under the laws of	IFICATION	ing and all information baroon
including any accompanying statements or documents, is tr		•
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A PUBLIC REC	ORD AND IS SUBJECT TO PUBLIC	INSPECTION.

