EF-237-R03-0208-39000285-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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.sigov.org/assessor_recorder

State of California, County of	www.sjgov.org/assessor_recorder
(name of person making claim)	,
, , , , , , , , , , , , , , , , , , , ,	
who is filing this claim as, or on behalf of, theherein, states:	ibe or tribally 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	(give complete mailing address)
4. the location of the property for which exemption is cla	med is
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5	using and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 1053 of the Health and Safety Code or applicable federal, state, or local financial rming that the tenants' incomes and rents do not exceed those limits is attached affidavit.
7. That the property is owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requ	red for first time filers)
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-in	legally binding document requiring that at least 30% of the housing units are come tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
. ,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
Location (or declare) under manation of manimum and the	CERTIFICATION
	e laws of the State of California that the foregoing and all information hereon, ents, 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.

