EF-237-R04-0518-39000224-1 BOE-237 REV. 04 (05-18)

State of California, County of ___

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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	of the pr	operty described	
herein, states:	ally designated housing, owner and/or entity)		
1. That as			
	(officer)		
2. of the			
(name of tri	be or tribally designated housing entity)		
3. the mailing address of which is	ve complete mailing address)		
 the location of the property for which exemption is claimed is 			
	ZIP.		
give complete address)			
5. That this claim for exemption is made for the 20 20		_	
That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica			
charged do not exceed the limits provided in section 50053 or	the Health and Safety Code or applicable federal, s	t <mark>at</mark> e, or local financial	
assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidav		ose limits is attached.	
7. That the property is owned and operated by an owner	operator owner/operator		
[] a federally recognized tribe (documentation required for	first time filers)		
[] a tribally designated housing entity (documentation requi	red for first time filers) which is nonprofit and no part	of those net earnings	
inure to the benefit of any private shareholder.			
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income		he housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue 			
filing BOE-237, Exemption of Low-Income Tribal Housing.	and taxation code for those times of thosing design	lated housing entities	
FOR ASSESSOR'S USE ONLY	Whom should we contact during nor	mal business	
FOR ASSESSOR 3 USE UNLI	hours for additional informat		
Received by			
(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
ON(date)			
()	DAYTIME PHONE NUMBER EMAIL ADDRESS		
	()		
CEE	RTIFICATION		
		formation berean	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		

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

