EF-237-R04-0518-39000209-1 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	lly designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
	e or tribally designated housing entity)	
3. the mailing address of which is		
4. the location of the property for which exemption is claimed is 	ve 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 at in section 50079.5 of the Health and Safety Code or applicat charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit	ole federal, state, or local finar the Health and Safety Code of hat the tenants' incomes and re	ncial as <mark>sis</mark> tance agreements and the rents r appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an owner	operator own	ner/operator
[ ] a federally recognized tribe (documentation required for	first time filers)	
<ol> <li>a tribally designated housing entity (documentation requiring inure to the benefit of any private shareholder.</li> <li>That there is a deed restriction, agreement, or other legally</li> </ol>	binding document requiring t	
occupied by or held for occupancy by qualifying low-income to	enants.	
9. 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.           FOR ASSESSOR'S USE ONLY           Received by	and Taxation Code for those tr	
(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	( )	
CER		
I certify (or declare) under penalty of perjury under the laws o including any accompanying statements or documents, is a		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

