EF-237-R04-0518-39000165-1 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	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	ne 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 claim	(give complete mailing address) red is
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 ap charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ning that the tenants' incomes and rents do not exceed those limits is attached. ffidavit.
7. That the property is owned and operated by an owned and operated by an	ner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings egally binding document requiring that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housin	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information?
(Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
on	
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, ts, 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.