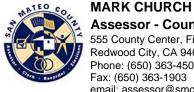
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903 email: assessor@smcacre.gov web: www.smcacre.gov

(name of person making claim)	,			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designa	ated housing, owner and	d/or entity)	of the property described
1. That as				
		(officer)		
2. of the				
	(name of tribe or tribal	ly designated housing e	entity)	
 3. the mailing address of which is	s claimed is	te mailing addres <mark>s)</mark>	S	ZIP
	omplete address)			
5. That this claim for exemption is made for the 20_	20 fis	cal year on the	leased prope	rtv described above
6. That at least 30% of the housing are used for reministerior section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the income section.	tal housing and rela e or applicable fede ion 50053 of the He nt affirming that the	ted facilities for eral, state, or loc alth and Safety	tenants who a cal financial a Code or appl	are persons of low income as define s <mark>sistance ag</mark> reements and the rent icable federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/op	perator
[] a federally recognized tribe (documentation	required for first tin	ne filers)		
[] a tribally designated housing entity (document inure to the benefit of any private sharehold		first time filers) v	hich is nonpi	ofit and no part of those net earning
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying l 			uiring that a	t least <mark>30</mark> % of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Rev <mark>e</mark> nue and Ta			
FOR ASSESSOR'S USE ONLY				act during normal business
		ho	ours f or addi	tional information?
Received by		/E		
of (county or city)	ADE	DRESS (street, city, stat	e, zip code)	
ON(<i>date</i>)				
	DAY	TIME PHONE NUMBE	R EMAII	ADDRESS
	<u>(</u>)		
	CERTIFICA	ATION		
I certify (or declare) under penalty of perjury und				
including any accompanying statements or do	ocuments, is true, co	prrect and comp	lete to the be	est 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.

