37-R04-0518-43000200-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assessor b State of California, County of	A OF	Lawrence E. St Santa Clara Co Exemption Division 70 W. Hedding St, E San Jose, CA 95110 Ph: (408) 299-6460 exemptions@asr.sc www.sccassessor.or	ast Wing, 5th Floor FAX: (408) 271-8812 cgov.org
(name of person making claim)	<u>,</u>	d	the property described
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or o	entity)	the property described
1. That as			
	(officer)		
2. of the	f tribe or tribally designated housing entity)	1	
<ol> <li>the mailing address of which is</li> <li>the location of the property for which exemption is claimed</li> <li>(give complete address)</li> </ol>		S	ZIP
5. That this claim for exemption is made for the 20 - 20		sed property descr	ibed above.
<ul> <li>in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidart.</li> <li>7. That the property is owned and operated by an owner</li> <li>a federally recognized tribe (documentation required for a final designated housing entity (documentation required for a final designated housing entity).</li> </ul>	of the Health and Safety Co g that the tenants' incomes a avit. r operator for first time filers)	de or applicable feo nd rents do not exo owner/operator	deral, state, or local finan ceed those limits is attach
<ol> <li>a disculption of any private shareholder.</li> <li>That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incomplete the statement.</li> </ol>	illy binding document requir		
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing - under the provisions of sections 251 and 254 of the Revenu filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by	— Lower-Income Household ue and Taxation Code for the Whom should	ose tribes or tribally	designated housing enting enting normal business
of(county or city)	ADDRESS (street, city, state, zij	o code)	
ON(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	ERTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents,			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE

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

