EF-237-R04-0518-37000063-1 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 by February 15.



Jordan Marks San Diego County Assessor 1600 Pacific Highway, Suite 103 San Diego, CA 92101 Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov

State of California, County of			
(name of person making claim)			
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is		ZIP	
4. the location of the property for which exemption	(give complete mailing address)		
(give	e complete address)	ZIP	
5. That this claim for exemption is made for the 20	0 20 fiscal year on the leased p	property described above.	
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in se assistance agreements. An affidavit by the claim The exemption cannot be allowed without the interval.	ode o <mark>r applicable federal, s</mark> tate, or local finan ction 50053 of the Health and Safety Code or nan <mark>t affirming that the tenants' incomes a</mark> nd re	cial as <mark>sis</mark> tance agreements and the rents 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	er/operator	
[] a federally recognized tribe (documentatio	n required for first time filers)		
 a tribally designated housing entity (docum inure to the benefit of any private sharehol 		nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying		hat at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	f the Revenue and Taxation Code for those tri al Housing.	bes or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?	
Received by(Assessor's designee)	NAME		
(········	INAIVIE		
of (county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
		EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury un including any accompanying statements or o	der the laws of the State of California that the documents, is true, correct and complete to th		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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