EF-237-R04-0518-38000256-1 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.



Assessor-Recorder Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

State of California, County of		
(name of person making claim)	s	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or en	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	(give complete mailing address)	ZIP
4. the location of the property for which exemption is		ZIP
5. That this claim for exemption is made for the 20	- 20 fiscal year on the lease	ed property described above.
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the incoment.	I housing and related facilities for tenar or applicable federal, state, or local fi n 50053 of the Health and Safety Code t affirming that the tenants' incomes an	nts who are persons of low income as defined nancial assistance agreements and the rents e or applicable federal, state, or local financia
7. That the property is owned and operated by an	owner operator o	owner/operator
[] a federally recognized tribe (documentation r	equired for first time filers)	
 a tribally designated housing entity (document inure to the benefit of any private shareholde 		is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying lo		g that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, a under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal F	e Revenue and Taxation Code for thos lousing.	e tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY		we contact during normal business fo <mark>r</mark> additional information?
	indurs	
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip c	ode)
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury unde including any accompanying statements or doc		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
	I	<u> </u>

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