EF-237-R03-0208-39000317-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## 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

State of California, County of	www.sjgov.org/assessor_recorder
(name of person making claim)	<del>,</del>
who is filing this claim as or on behalf of the	of the property described
herein, states: (tri	ibe or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	name of tribe or tribally designated housing entity)
	ZIP
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is clair	med is
	ZIP
give complete a	
5. That this claim for exemption is made for the 20	- 20fiscal year on the leased property described above.
	using and related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code or a	applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial
	rming that the tenants' incomes and rents do not exceed those limits is attached.
The exemption cannot be allowed without the income a	affidavit.
7. That the property is owned and operated by an ov	wner operator owner/operator
[ ] a federally recognized tribe (documentation requir	
<ul><li>[ ] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li></ul>	required for first time filers) which is nonprofit and no part of those net earnings
	legally binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-inc	
	sing — Lower-Income Households, is also required to be filed with the Assessor evenue and Taxation Code for those tribes or tribally designated housing entities
filing BOE-237, Exemption of Low-Income Tribal Housi	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
of(county or city)	ADDRESS (Sireet, City, State, 21p code)
on(date)	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.

