EF-237-R04-0518-39000117-1 BOE-237 REV. 04 (05-18)

State of California, County of \_

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



## 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 www.sjgov.org/assessor\_recorder

(name of person making claim)	<b>,</b>	
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		
2. of the	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		
4. the location of the property for which exemption	(give complete mailing address)	ZIP
5. That this claim for exemption is made for the 20		property described above.
6. That at least 30% of the housing are used for re in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the in the second sec	de o <mark>r applicable federal, s</mark> tate, or local fina ction 50053 of the Health and Safety Code o ant affirming that the tenants' incomes and	ncial as <mark>sis</mark> tance agreements and the rents or appli <mark>cable federa</mark> l, state, or local financial
7. That the property is owned and operated by an	owner operator ow	/ner/operator
[ ] a federally recognized tribe (documentation	n required for first time filers)	
<ol> <li>a tribally designated housing entity (docume inure to the benefit of any private sharehol</li> <li>That there is a deed restriction, agreement, or</li> </ol>	der.	
occupied by or held for occupancy by qualifying		, i i i i i i i i i i i i i i i i i i i
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	the Revenue and Taxation Code for those	
FOR ASSESSOR'S USE ONLY		contact during normal business
Received by(Assessor's designee)	NAME	r additional information?
of	ADDRESS (street, city, state, zip cod	a)
(county or city)		<i></i>
on		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	CERTIFICATION	
I certify (or declare) under penalty of perjury un including any accompanying statements or c		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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