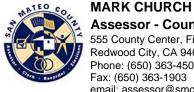
## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903 email: assessor@smcacre.gov web: www.smcacre.gov

(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		
2. 01 110	(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	s claimed is	ZIP
<ol><li>That this claim for exemption is made for the 20_</li></ol>	20 fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the inc	e or applicable federal, state, or local fina on 50053 of the Health and Safety Code o nt affirming that the tenants' incomes and r	ncial as <mark>sistance ag</mark> reements and the rent or appli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner operator ow	ner/operator
[ ] a federally recognized tribe (documentation	required for first time filers)	
[ ] a tribally designated housing entity (documer inure to the benefit of any private shareholder)	tation required for first time filers) which is	nonprofit and no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying labeled.</li> </ol>		that at least <mark>3</mark> 0% of the housing units an
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal</li> </ol>	ne Revenue and Taxation Code for those t	
FOR ASSESSOR'S USE ONLY		contact during normal business
	hours fo	<b>r</b> additional information?
Received by		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code	
(county or city)		2)
ON( <i>date</i> )		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	( )	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under including any accompanying statements or do		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

