37-R04-0518-43000190-1 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 State of California, County of	February 15.	Lawrence E. Stone Santa Clara County Assessor Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	ibally designated housing, owner and/or er	ntity) of the property described
1. That as		
2. of the	(officer)	
2. Of the	tribe or tribally designated housing entity)	
 the mailing address of which is		ZIP ZIP
5. That this claim for exemption is made for the 20 20_	fiscal year on the leas	ed property described above.
 6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida. 7. That the property is owned and operated by an owner [] a federally recognized tribe (documentation required for the section f	able federal, state, or local f of the Health and Safety Cod that the tenants' incomes ar vit.	nancial as <mark>sis</mark> tance agreements and the ren e or appli <mark>cable federa</mark> l, state, or local financ
 a tribally designated housing entity (documentation required to inure to the benefit of any private shareholder. 		n is nonprofit and no part of those net earnin
 That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income 		ng that at least 30% of the housing units a
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY 	e and Taxation Code for thos	
Received by(Assessor's designee)	hours NAME	fo <mark>r</mark> additional information?
of(county or city)	ADDRESS (street, city, state, zip	code)
ON	_	
(Gate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CE	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is		
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

