EF-237-R04-0518-44000130-1 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.

Sheri Thomas County of Santa Cruz Assessor 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002 Email: asrwebmail@co.santa-cruz.ca.us

State of California, County of		
(name of person making claim) who is filing this claim as, or on behalf of, the	(tribe or tribally designated housing, owner and/or entity)	he property described
herein, states:	(tribe or tribally designated nousing, owner and/or entity)	
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 claimed is	ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property describ	ed above.
in section 50079.5 of the Health and Safety Co charged do not exceed the limits provided in sec	ntal housing and related facilities for tenants who are person- de or applicable federal, state, or local financial assistance tion 50053 of the Health and Safety Code or applicable fede ant affirming that the tenants' incomes and rents do not exce icome affidavit.	agreements and the rents ral, state, or local financial
7. That the property is owned and operated by an	owner operator owner/operator	
[] a federally recognized tribe (documentatio	n required for first time filers)	
 a tribally designated housing entity (documinure to the benefit of any private sharehol 	entation required for first time filers) which is nonprofit and no der.	part of those net earnings
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	other legally binding document requiring that at least 30% low-income tenants.	% of the housing units are
	7, Housing — Lower-Income Households, is also required to the Revenue and Taxation Code for those tribes or tribally d I Housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during	
Received by(Assessor's designee)	hours for additional info	ormation?
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS	
	()	
	CERTIFICATION	
	der the laws of the State of California that the foregoing and ocuments, is true, correct and complete to the best of my k	
		DATE

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