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

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



## Tom J. Slavich **San Benito County Assessor**

440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033

www.cosb.us/government/assessor

Sta	ate of California, County of			
		-1		
	(name of person making claim)			
	no is filing this claim as, or on behalf of, theerein, states:	designated housing, owner and/or entity)	of the property described	
1.	That as			
		(officer)		
2.	of the	or tribally designated housing entity)		
2	the mailing address of which is	or arbany designated riodsing entry)	ZIP	
٥.	the maining address of which is	complete mailing address)	ZIF	
4.	the location of the property for which exemption is claimed is  (give complete address)		ZIP	
5.	That this claim for exemption is made for the 20 20	fiscal year on the leased	property described above.	
6.	6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rent charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. The exemption cannot be allowed without the income affidavit.			
7.	That the property is owned and operated by an owner	operator own	ner/operator	
	[ ] a federally recognized tribe (documentation required for first time filers)			
	[ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.			
8.	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.			
9.	BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Asses under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entit filing BOE-237, Exemption of Low-Income Tribal Housing.			
	FOR ASSESSOR'S USE ONLY		contact during normal business	
	Received by(Assessor's designee)	NAME	additional information?	
Of ADDRESS (str.		ADDRESS (street, city, state, zip code)	RESS (street, city, state, zip code)	
,	on			
	(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		( )	LIME ABBACOO	
_	CERT	IFICATION		
_	I certify (or declare) under penalty of perjury under the laws of t		ne foregoing and all information hereon	
	including any accompanying statements or documents, is true			
SIG	SNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
	•			

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

