EF-237-R04-0518-35000119-1 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.

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

| State of California, County of | | | |
|--|--|--|--|
| | | | |
| (name of person making claim) | -, | | |
| who is filing this claim as, or on behalf of, the | designated housing, owner and/or entity) | of | the property described |
| 1. That as | | | |
| | (officer) | | |
| 2. of the | | | |
| (name of tribe | r tribally designated housing entity) | | |
| 3. the mailing address of which is | complete mailing address) | | _ ZIP |
| 4. the location of the property for which exemption is claimed is | SIS | | ZIP |
| 5. That this claim for exemption is made for the 20 - 20 | fiscal year on the leased p | | ibod abovo |
| | | | |
| 6. That at least 30% of the housing are used for rental housing and in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming the The exemption cannot be allowed without the income affidavit. | federal, state, or local finan e Heal <mark>th and Safe</mark> ty Code or | cial as <mark>sis</mark> tance appli <mark>cable fec</mark> | e agreements and the rents leral, state, or local financial |
| 7. That the property is owned and operated by an owner | operator own | er/operator | |
| [] a federally recognized tribe (documentation required for fin | st time filers) | | |
| a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. | l for first time filers) which is r | nonprofit and r | no part of those net earnings |
| 8. That there is a deed restriction, agreement, or other legally b occupied by or held for occupancy by qualifying low-income terms | | hat at least 30 | % of the housing units are |
| 9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — L under the provisions of sections 251 and 254 of the Revenue a filing BOE-237, Exemption of Low-Income Tribal Housing. | | | |
| FOR ASSESSOR'S USE ONLY | | | ng normal business |
| | hours fo <mark>r</mark> | additional in | formation? |
| Received by | NAME | | |
| | | | |
| of (county or city) | ADDRESS (street, city, state, zip code) | | |
| | | | |
| on(date) | | | |
| | DAYTIME PHONE NUMBER | EMAIL ADDRESS | |
| | () | | |
| CERTIFICATION | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. | | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | | DATE |
| | | | |

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