EF-237-R04-0518-35000123-1 BOE-237 REV. 04 (05-18)

State of California, County of \_\_\_

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

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



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

DATE

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
	of tribe or tribally designated housing entity)
<ul> <li>3. the mailing address of which is</li> <li>4. the location of the property for which exemption is claimed</li> <li>(give complete address)</li> </ul>	ZIP
5. That this claim for exemption is made for the 20 2	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 500	ng and related facilities for tenants who are persons of low income as defined licable federal, state, or local financial assistance agreements and the rents 3 of the Health and Safety Code or applicable federal, state, or local financia ing that the tenants' incomes and rents do not exceed those limits is attached. davit.
7. That the property is owned and operated by an own	er operator owner/operator
[ ] a federally recognized tribe (documentation required	for first time filers)
<ul> <li>a tribally designated housing entity (documentation r inure to the benefit of any private shareholder.</li> </ul>	equired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other lead occupied by or held for occupancy by qualifying low-inco	gally binding document requiring that at least 30% of the housing units are me tenants.
under the provisions of sections 251 and 254 of the Reve filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i>	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
L	
	CERTIFICATION
I certify (or declare) under penalty of perjury under the la	ws of the State of California that the foregoing and all information hereon,

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM