37-R04-0518-36000124-1 BOE-237 REV. 04 (05-18)	Josie Gonzales Assessor-Recorder-County Clerk County of San Bernardino Assessor's Office
EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assessor by Fet	bruary 15. 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311
State of California, County of	www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654
(name of person making claim)	-1
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity) of the property described
1. That as	
2. of the	(officer)
(name of tribe of	or tribally designated housing entity)
4. the location of the property for which exemption is claimed is	complete mailing address)
5. That this claim for exemption is made for the 20 20	figuel year on the leaged property described above
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the secti	d related facilities for tenants who are persons of low income as define e federal, state, or local financial assistance agreements and the ren he Health and Safety Code or applicable federal, state, or local financi at the tenants' incomes and rents do not exceed those limits is attache
7. That the property is owned and operated by an 🗌 owner	operator owner/operator
[] a federally recognized tribe (documentation required for fin	rst time filers)
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	d for first time filers) which is nonprofit and no part of those net earnin
 That there is a deed restriction, agreement, or other legally b occupied by or held for occupancy by qualifying low-income ter 	ninding document requiring that at least 30% of the housing units a nants.
	ower-Income Households, is also required to be filed with the Assess nd Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
ON(<i>date</i>)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERT	IFICATION
	the State of California that the foregoing and all information hereon, ue, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE
	ORD AND IS SUBJECT TO PUBLIC INSPECTION.

EF