EF-237-R04-0518-37000198-1 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.



Jordan Marks San Diego County Assessor 1600 Pacific Highway, Suite 103 San Diego, CA 92101 Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is			
4. the location of the property for which exemption	(give complete mailing address) is claimed is		
(give	complete address)	ZIP	
5. That this claim for exemption is made for the 20		perty described above.	
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim. The exemption cannot be allowed without the in	ntal housing and related facilities for tenants wh de or applicable federal, state, or local financia tion 50053 of the Health and Safety Code or ap ant affirming that the tenants' incomes and rents	o are persons of low income as defined al assistance agreements and the rents oplicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner	/operator	
[] a federally recognized tribe (documentation	n required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	entation required for first time fi <mark>le</mark> rs) which is not der.	nprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribe		
FOR ASSESSOR'S USE ONLY		ntact during normal business Iditional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER	/AIL ADDRESS	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und	-	oregoing and all information berean	
	locuments, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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