EF-237-R04-0518-37000188-1 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	(name of the of anothy designated nousing entry)		
 the mailing address of which is	(give complete mailing address) In is claimed is		
		ZIP	
(giv	re complete address)		
5. That this claim for exemption is made for the 2	20 20 fiscal year on the leased	I property described above.	
6. That at least 30% of the housing are used for re- in section 50079.5 of the Health and Safety Co- charged do not exceed the limits provided in se- assistance agreements. An affidavit by the clair The exemption cannot be allowed without the	ode o <mark>r applicable federal, state, or local fina</mark> ection 50053 of the Health and Safety Code nant affirming that the tenants' income <mark>s</mark> and	ancial as <mark>sis</mark> tance agreements and the rents or appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by an	n owner operator ov	vner/operator	
[] a federally recognized tribe (documentation	on required for first time filers)		
 a tribally designated housing entity (docum inure to the benefit of any private shareho 		s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, c occupied by or held for occupancy by qualifyin		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Trib	of the Revenue and Taxation Code for those		
FOR ASSESSOR'S USE ONLY		e contact during normal business additional information?	
	nours it		
Received by(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip coo	ADDRESS (street, city, state, zip code)	
(county or city)			
on			
(uale)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury u		the foregoing and all information barges	
including any accompanying statements or			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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