EF-237-R04-0518-37000088-1 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	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		ZIP	
4. the location of the property for which exempti	(give complete mailing address) on is claimed is		
		ZIP	
·····	ive complete address)		
5. That this claim for exemption is made for the		sed property described above.	
charged do not exceed the limits provided in s	Code or applicable federal, state, or local ection 50053 of the Health and Safety Co imant affirming that the tenants' incomes a	ants who are persons of low income as defined financial assistance agreements and the rents de or applicable federal, state, or local financia and rents do not exceed those limits is attached	
7. That the property is owned and operated by a	an owner operator	owner/operator	
[ ] a federally recognized tribe (documentat	ion required for first time filers)		
<ul> <li>a tribally designated housing entity (docu inure to the benefit of any private shareh</li> </ul>		ch is nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifying		ing that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-2 under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tr	of the Revenue and Taxation Code for the	ds, is also required to be filed with the Assesson ose tribes or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		d we contact during normal business	
	hours	s fo <mark>r</mark> additional information?	
Received by	NAME	-	
of (county or city)	ADDRESS (street, city, state, zij	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury		nat the foregoing and all information hereon	
including any accompanying statements o			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

