EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of ____



Joaquin Torres Assessor-Recorder Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

(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		ZIP
4. the location of the property for which exemption is cl		ZIP
5. That this claim for exemption is made for the 20	20, fiscal year on the leased property	described above.
6. That at least 30% of the housing are used for rental r in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the incom	applicable federal, state, or local financial ass 50053 of the Health and Safety Code or applica ffirming that the tenants' incomes and rents do	i <mark>stance ag</mark> reements and the rent ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner operator owner/oper	ator
[] a federally recognized tribe (documentation req	uired for first time filers)	
[] a tribally designated housing entity (documentation in the benefit of any private shareholder.		it and no part of those net earning
 That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low- 		east <mark>30</mark> % of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237, Ho under the provisions of sections 251 and 254 of the F filing BOE-237, Exemption of Low-Income Tribal Hol 	Revenue and Taxation Code for those tribes or t	
FOR ASSESSOR'S USE ONLY		t during normal business
	hours for additio	onal information?
Received by(Assessor's designee)		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip code)	
(county or city)		
an		
ON(date)		
	DAYTIME PHONE NUMBER EMAIL AE	DRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under th including any accompanying statements or docur		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A PUE	BLIC RECORD AND IS SUBJECT TO PUBLIC	INSPECTION.

