EF-237-R03-0208-39000302-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658

State of California, County of		www.sjgov.org/assessor_recorder	
(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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is	claimed is	ZIP	
5. That this claim for exemption is made for the 20	20 fineal year on the legged n	raparty described above	
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the income	housing and related facilities for tenants vor applicable federal, state, or local finance 50053 of the Health and Safety Code or affirming that the tenants' incomes and related to the state of the st	who are persons of low income as defined cial assistance agreements and the rents applicable federal, state, or local financial	
7. That the property is owned and operated by an	owner operator own	er/operator	
 a federally recognized tribe (documentation re a tribally designated housing entity (documentation in the benefit of any private shareholder). 	ation required for first time filers) which is n	onprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or oth occupied by or held for occupancy by qualifying lov		at at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Funder the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H	e Revenue and Taxation Code for those tril ousing.	oes or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on(date)			
,	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
I certify (or declare) under penalty of perjury under	CERTIFICATION the laws of the State of California that the	e foregoing and all information hereon.	
including any accompanying statements or doct	uments, is true, correct and complete to th		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

