EF-237-R04-0518-39000227-1 BOE-237 REV. 04 (05-18)

State of California, County of __

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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 www.sjgov.org/assessor_recorder

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name	of tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is claimed	give complete mailing address)
give c <mark>om</mark> plete add	
5. That this claim for exemption is made for the 20 2	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ng and related facilities for tenants who are persons of low income as defined licable federal, state, or local financial assistance agreements and the rents 3 of the Health and Safety Code or applicable federal, state, or local financia ing that the tenants' incomes and rents do not exceed those limits is attached idavit.
7. That the property is owned and operated by an own	er operator owner/operator
[] a federally recognized tribe (documentation required	I for first time filers)
inure to the benefit of any private shareholder.	equired for first time filers) which is nonprofit and no part of those net earnings gally binding document requiring that at least 30% of the housing units are me tenants
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing	g — Lower-Income Households, is also required to be filed with the Assesson nue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
of (county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon, s, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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