EF-237-R04-0518-39000134-1 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	ally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(name of trib	be or tribally designated housing entity)	
	ve complete mailing address)	ZIP
4. the location of the property for which exemption is claimed is (give complete address)		ZIP
	fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applicat charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming t The exemption cannot be allowed without the income affidavit	ole federal, state, or local finar the Health and Safety Code of hat the t <mark>en</mark> ants' incomes and re	ncial as <mark>sis</mark> tance agreements and the rents r appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an owner	operator own	ner/operator
[] a federally recognized tribe (documentation required for	first time filers)	
 a tribally designated housing entity (documentation requir inure to the benefit of any private shareholder. That there is a deed restriction, agreement, or other legally 	red for first time filers) which is	
occupied by or held for occupancy by qualifying low-income t		
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing.	and Taxation Code for those tr	ibes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?
(Assessor's designee)	NAME	
of (county or city)	ADDRESS (street, city, state, zip code)	
on		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
CER		
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

