EF-237-R04-0518-39000047-1 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	bally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
2. Of the(name of t	ribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claimed i	give complete mailing address) S ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as define able federal, state, or local financial assistance agreements and the rent of the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached vit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required fo	r first time filers)
inure to the benefit of any private shareholder.	uired for first time filers) which is nonprofit and no part of those net earning y binding document requiring that at least 30% of the housing units ar tenants.
under the provisions of sections 251 and 254 of the Revenue filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> .	- Lower-Income Households, is also required to be filed with the Assess e and Taxation Code for those tribes or tribally designated housing entitie Whom should we contact during normal business
FOR ASSESSOR'S USE ONLY	hours for additional information?
(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CF	RTIFICATION
	of the State of California that the foregoing and all information hereon,
	s true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

