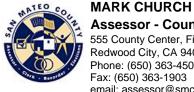
## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903 email: assessor@smcacre.gov web: www.smcacre.gov

(name of person making claim)		-,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally	/ designated ho	using, owner and/or entity	of the property described
1. That as				
		(office)	)	
2. of the				
2. 01 the	(name of tribe	or tribally desi	nated housing entity)	
3. the mailing address of which is				ZIP
4. the location of the property for which exemption is		e complete mail	ng address)	ZIP
5. That this claim for exemption is made for the 20	20	fiscal y	ear on the leased	property described above.
6. That at least 30% of the housing are used for renta 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 claiman The exemption cannot be allowed without the incoment.	or applicabl on 50053 of the affirming the	e federal, he Health at the tena	state, or local fina and Safety Code	ancial as <mark>sistance ag</mark> reements and the rent or appli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner	ope	erator ov	wner/operator
[ ] a federally recognized tribe (documentation r	equired for fi	rst time file	ers)	
[ ] a tribally designated housing entity (document inure to the benefit of any private shareholde		d for first t	me filers) which i	s non <mark>pro</mark> fit and <mark>no</mark> part of those net earning
8. That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo			cument requiring	that at least 30% of the housing units ar
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal H</li> </ol>	e Rev <mark>e</mark> nue a			
FOR ASSESSOR'S USE ONLY				e contact during normal business
			hours fo	or additional information?
Received by				
(Assessor's designee)		NAME		
of		40000000	(-4	4-1
(county or city)		ADDRESS	(street, city, state, zip coo	<i>ie)</i>
ON(date)				
		DAYTIME I	PHONE NUMBER	EMAIL ADDRESS
		(	)	
	CEPT		, N	1
I certify (or declare) under penalty of perjury unde	_			the foregoing and all information hereon
including any accompanying statements or doc				
SIGNATURE OF PERSON MAKING CLAIM		TITLE	,	DATE

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

