EF-237-R04-0518-44000133-1 BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

Sheri Thomas County of Santa Cruz Assessor 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002 Email: asrwebmail@co.santa-cruz.ca.us

State of California, County of			
(name of person making claim) who is filing this claim as, or on behalf of, the	,	of the property described	
herein, states:	(tribe 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 is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption		ZIP	
5. That this claim for exemption is made for the 20	) 20 fiscal year on the leased prop	erty described above.	
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de o <mark>r applicable federal,</mark> state, or local financial ction 50053 of the Health and Safety Code or app ant affirming that the tenants' incomes and rents	as <mark>sis</mark> tance agreements and the rents bli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financial	
7. That the property is owned and operated by an	owner operator owner/c	operator	
[ ] a federally recognized tribe (documentation	n required for first time filers)		
<ul> <li>a tribally designated housing entity (docume inure to the benefit of any private sharehold</li> </ul>		profit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least <mark>30</mark> % of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		tact during normal business litional information?	
Received by(Assessor's designee)	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER EMA	AIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or d	der the laws of the State of California that the fo locuments, is true, correct and complete to the b		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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