EF-237-R04-0518-44000097-1 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	- ,				
who is filing this claim as, or on be herein, states:	half of, the	ignated housing, owner and/or entity)	of	the property described	
1. That as					
		(officer)			
2. of the	(name of tribe or tri	bally designated housing entity)			
3. the mailing address of which is	- (give con	plete mailing address)		ZIP	
4. the location of the property for the				ZIP	
5. That this claim for exemption is	made for the 20 20	fiscal year on the leased p	roperty descri	bed above.	
charged do not exceed the limit assistance agreements. An affic	are used for rental housing and rental housing and rent and Safety Code or applicable feasing sprovided in section 50053 of the lavit by the claimant affirming that the without the income affidavit.	ederal, state, or local finan Heal <mark>th and Saf</mark> ety C <mark>o</mark> de or	cial as <mark>sis</mark> tance appli <mark>cable fed</mark>	e agreements and the rents eral, state, or local financial	
7. That the property is owned and	operated by an owner	operator own	er/operator		
[] a federally recognized tribe	e (documentation required for first	time filers)			
[] a tribally designated housir inure to the benefit o <mark>f a</mark> ny	ng en <mark>tity</mark> (documentation required fo private shareholder.	or first time filers) which is r	nonprofit and n	o part of those net earnings	
	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.				
9. BOE-237-A, <i>Supplemental Afficuation</i> under the provisions of sections filing BOE-237, <i>Exemption of L</i>	251 and 254 of the Revenue and				
FOR ASSESSOR	'S USE ONLY			g normal business	
Received by	sessor's designee)		additional inf	ormation?	
(AS	sessor's designee)	NAME			
of(county	f ADDRESS (street, city, state, zip code)				
on					
(da		DAYTIME PHONE NUMBER	EMAIL ADDRESS		
		()			
	CERTIFI	CATION			
	alty of perjury under the laws of the statements or documents, is true,				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

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