37-R04-0518-07000258-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME	TRIBAL HOUSING		Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359	
To receive the full exemption, this claim mus			FAX: (925) 313-7488 Telephone: (925) 313-7400	
State of California, County of		_	http://www.cccounty.us/assessor	
(name of person mak	ing claim)	,		
who is filing this claim as, or on behal herein, states:	f of, the	y designated housing, owner and/o	of the property described	
1. That as				
		(officer)		
2. of the	(name of tribe	or tribally designated housing entit	(Y)	
3. the mailing address of which is			ZIP	
	(give	e complete mailing address)	ZII	
4. the location of the property for whi	ch exemption is claimed is			
			ZIP	
	(give complete address)			
5. That this claim for exemption is ma	ade for the 20 20	fiscal year on the lea	ased property described above.	
charged do not exceed the limits p	rovided in section 50053 of t t by the claimant affirming th	he Health and Safety C at the tenants' incomes	I financial assistance agreements and the rer ode or applicable federal, state, or local financ and rents do not exceed those limits is attache	
<ol><li>That the property is owned and op</li></ol>	erated by an 🗌 owner	operator	owner/operator	
[ ] a federally recognized tribe (c	locumentation required for f	irst time filers)		
[ ] a tribally designated housing e inure to the benefit of any priv		ed for first time filers) wh	ich is nonprofit and no part of those net earnin	
<ol><li>That there is a deed restriction, a occupied by or held for occupancy</li></ol>			iring that at least 30% of the housing units a	
	51 and 254 of the Revenue a		Ids, is also required to be filed with the Assess nose tribes or tribally designated housing entition	
FOR ASSESSOR'S	USE ONLY	Whom should we contact during normal business hours for additional information?		
Descined by		nou		
Received by	pr's designee)	NAME		
of				
of (county or ci	ty)	ADDRESS (street, city, state, z	zip coae)	
on				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
			EMAIL ADDRESS	
	CER	<b>TIFICATION</b>		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE		
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.				

