37-R04-0518-43000055-1	LASSESSOR + COL	Lawrence E. Stone Santa Clara County Assessor
	11 * 410	Exemptions Unit
EXEMPTION OF LOW-INCOME TRIBAL HOUSING		West Tasman Campus 130 W Tasman Drive
To receive the full exemption, this claim must be filed with the Assessor b	by February 15. What Clara Counce	San Jose, CA 95134 Ph: (408) 299-6460
State of California, County of		exemptions@asr.sccgov.org
		www.sccassessor.org
(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/o	r entity)
1. That as		
	(officer)	
2. of the		
(name o	of tribe or tribally designated housing entit	y)
3. the mailing address of which is	(give complete mailing address)	ZIP
4. the location of the property for which exemption is claimed	1 IS	
		ZIP
(give complete addres	ess)	
<ol><li>That this claim for exemption is made for the 20 20</li></ol>	0 fiscal year on the lea	ased property described above.
charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirmin The exemption cannot be allowed without the income affid	ng that the tenants' incomes lavit.	and rents do not exceed those limits is attac
7. That the property is owned and operated by an owned	er operator	owner/operator
[ ] a federally recognized tribe (documentation required f	for first time filers)	
<ul> <li>a tribally designated housing entity (documentation req inure to the benefit of any private shareholder.</li> </ul>	quired for first time filers) wh	ich is nonprofit and no part of those net earr
<ol><li>That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom</li></ol>		ring that at least 30% of the housing units
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filing BOE-237, Exemption of Low-Income Tribal Housing.</li> </ol>	ue and Taxation Code for th	
FOR ASSESSOR'S USE ONLY		ld we contact during normal business rs for additional information?
Received by		
(Assessor's designee)	NAME	
of (county or city)	ADDRESS (street, city, state, z	tip code)
on	_	
(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
C	ERTIFICATION	
C I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents,	s of the State of California t	

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