EF-237-R03-0208-43000741-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Lawrence E. Stone Santa Clara County Assessor

DATE

Exemptions Unit West Tasman Campus 130 W Tasman Drive

State of California, County of	San Jose, CA 95134 Ph: (408) 299-6460
Cutto of Gamornia, Godiny 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 only designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ribe or tribally designated housing entity)
the mailing address of which is	ZIP
(9	give complete mailing address)
4. the location of the property for which exemption is claimed is	S
	ZIP
(give complete address)	
5. The fill is a late for a constitution of the facility of	Control to the Land to the Control t
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above. and related facilities for tenants who are persons of low income as defined
charged do not exceed the limits provided in section 50053 or	able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached wit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	r first time filers)
 a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder. 	ired for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income	y binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	
(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	RTIFICATION
CEN	IN THE TOTAL TOTAL

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM