EF-237-R03-0208-43000581-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## Lawrence E. Stone Santa Clara County Assessor

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134

State of California, County of	Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org		
(name of person making claim)			
who is filing this claim as, or on behalf of, the	ibally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	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 is claimed i			
		ZIP	
(give complete address	5)		
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affida	able federal, state, or local final of the Health and Safety Code of that the tenants' incomes and r	ncial assistance agreements and the rents r applicable federal, state, or local financial	
7. That the property is owned and operated by an owner	operator ow	ner/operator	
[ ] a federally recognized tribe (documentation required for	•		
<ul> <li>a tribally designated housing entity (documentation requinure to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenu filling BOE-237, Exemption of Low-Income Tribal Housing.			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
	riours to	additional imormation?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code)		
on	-		
()	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	ERTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, i			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

