37-R04-0518-43000134-1	LSSESSOR RELE	Lawrence E. Stone Santa Clara County Assessor
	1 * Vo	Exemptions Unit West Tasman Campus
EXEMPTION OF LOW-INCOME TRIBAL HOUSING	- Eabruary AE	130 W Tasman Drive
To receive the full exemption, this claim must be filed with the Assessor by	February 15.	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 describ
herein, states: (tribe or tri	ibally designated housing, owner and/or	entity)
1. That as		
	(officer)	
2 of the		
2. of the	tribe or tribally designated housing entity	0
3. the mailing address of which is		ZIP
	(give complete mailing address)	
the location of the property for which exemption is claimed i	is	
		715
(give complete address		ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the lea	ased property described above
6. That at least 30% of the housing are used for rental housing		
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	g that the tenants' incomes a avit.	and rents do not exceed those limits is at
7. That the property is owned and operated by an owner	operator	owner/operator
[] a federally recognized tribe (documentation required for	or first time filers)	
 a tribally designated housing entity (documentation required in the benefit of any private shareholder. 	uired for first time filers) whi	ch is nonprofit and no part of those net ea
 That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income 		ring that at least 30% of the housing ur
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenu filing BOE-237, Exemption of Low-Income Tribal Housing. 		
FOR ASSESSOR'S USE ONLY		d we contact during normal business s for additional information?
Received by		
Received by(Assessor's designee)	- NAME	
-6		
of (county or city)	_ ADDRESS (street, city, state, z	ip code)
ON(date)	-	
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CE	ERTIFICATION	
CE I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, i	s of the State of California t	

EF-237-R04-0518-43000134