37-R04-0518-07000101-1 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 must be filed with the Assessor by Fe	bruary 15. FAX: (925) 313-7488 Telephone: (925) 313-7400
State of California, County of	http://www.cccounty.us/assessor
(name of person making claim)	_,
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
3. the mailing address of which is	complete mailing address)
4. the location of the property for which exemption is claimed is	
	7.0
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
	he Health and Safety Code or applicable federal, state, or local finance at the tenants' incomes and rents do not exceed those limits is attach
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for fi	rst time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	d for first time filers) which is nonprofit and no part of those net earnir
<ol> <li>That there is a deed restriction, agreement, or other legally b occupied by or held for occupancy by qualifying low-income te</li> </ol>	pinding document requiring that at least 30% of the housing units a nants.
	ower-Income Households, is also required to be filed with the Assess nd Taxation Code for those tribes or tribally designated housing entit
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	
(Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
(duto)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAYTIME PHONE NUMBER EMAIL ADDRESS ( )

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.			