EF-237-R04-0518-26000110-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Fax: 760-932-5511

Email: assessor@mono.ca.gov

Mono County Office Of The Assessor

State of California, County of	Website: www.monocounty.ca.gov/assessor
	,
(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/or entity)
1. That as	
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption i	s claimed is
(give c	mplete address)
5. That this claim for exemption is made for the 20_	- 20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect	al housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial it affirming that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation	required for first time filers)
 a tribally designated housing entity (document inure to the benefit of any private sharehold 	tation required for first time filers) which is nonprofit and no part of those net earnings r.
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	ther legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor the Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
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	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	r the laws of the State of California that the foregoing and all information hereon, cuments, 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.

