EF-237-R04-0518-26000068-1 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.

State of California, County of _____



Mono County Office Of The Assessor

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ne of tribe or tribally designated housing entity)
 3. the mailing address of which is	ZIP
5. That this claim for exemption is made for the 20	20fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental housing section 50079.5 of the Health and Safety Code or an charged do not exceed the limits provided in section 500 	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financia ning that the tenants' incomes and rents do not exceed those limits is attached
7. That the property is owned and operated by an ow	ner operator owner/operator
[] a federally recognized tribe (documentation require	d for first time filers)
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	required for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inc	gally binding document requiring that at least 30% of the housing units are one tenants.
 BOE-237-A, Supplemental Affidavit for BOE-237, Housi under the provisions of sections 251 and 254 of the Rev filing BOE-237, Exemption of Low-Income Tribal Housing 	ng — Lower-Income Households, is also required to be filed with the Assesso enue and Taxation Code for those tribes or tribally designated housing entities g.
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
l certify (or declare) under penalty of periury under the	aws of the State of California that the foregoing and all information hereon,

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.			