EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

	who is filing this claim as, or on behalf of, the nerein, states:	(tribe or triball)	designated hou	using, owner and	/or entity)	of the property described		
1	I. That as							
			(officer)					
2	2. of the							
	(name of tribe or tribally designated housing entity)							
	 the mailing address of which is the location of the property for which exemption i 		complete mailin	ng address)	S	ZIP		
_		omplete address)				ZIP		
-	give c							
5	5. That this claim for exemption is made for the 20_	20	fiscal ye	ear on the le	eased property	described above.		
6	5. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Cod charged do not exceed the limits provided in sect assistance agreements. An affidavit by the claima The exemption cannot be allowed without the inc.	e or applicabl ion 50053 of t n <mark>t affirming</mark> th	e federal, s ne Health a at the tena	state, or loc and Safety (a <mark>l f</mark> inancial as <mark>si</mark> Code or appli <mark>ca</mark> t	stance agreements and the rents ole federal, st <mark>a</mark> te, or local financial		
7	7. That the property is owned and operated by an	owner	ope	rator	owner/opera	itor		
	[] a federally recognized tribe (documentation	required for fi	rst time file	ers)				
	[] a tribally designated housing entity (document inure to the benefit of any private sharehold		d for first ti	me filers) w	hich is nonprofit	and no part of those net earnings		
8	That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying I			cument req	uiring that at lea	ast <mark>3</mark> 0% of the housing units are		
ç	 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of t filing BOE-237, Exemption of Low-Income Tribal 	he Rev <mark>e</mark> nue a	nd Taxatio	n Code for t	those tribes or tr	ibally designated housing entities		
	FOR ASSESSOR'S USE ONLY		_			during normal business		
ſ				no	urs fo r additiol	nal information?		

Received by							
(Assessor's designee)	NAME						
of (county or city)	(county or city)						
ON(date)	-						
	DAYTIME PHONE NUMBER EMAIL ADDRESS						
	()						
CERTIFICATION							
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.

