EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
(na	ame of tribe or tribally designated housing entity)	
3. the mailing address of which is	(give complete mailing address)	ZIP
4. the location of the property for which exemption is claim	ned is	ZIP
5. That this claim for exemption is made for the 20	20fiscal year on the leased property	described above.
6. That at least 30% of the housing are used for rental hou in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 500 assistance agreements. An affidavit by the claimant affir The exemption cannot be allowed without the income a	oplicable federal, state, or local financial ass 053 of the Health and Safety Code or applica ming that the tenants' incomes and rents do r	<mark>istance ag</mark> reements and the rent ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an ow	vner operator owner/oper	ator
[] a federally recognized tribe (documentation require	ed 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 nonprofi	it and no part of those net earning
8. That there is a deed restriction, agreement, or other loccupied by or held for occupancy by qualifying low-inc		east <mark>30</mark> % of the housing units an
 BOE-237-A, Supplemental Affidavit for BOE-237, House under the provisions of sections 251 and 254 of the Rev filing BOE-237, Exemption of Low-Income Tribal Housi 	venue and Taxation Code for those tribes or t	
FOR ASSESSOR'S USE ONLY		t during normal business
	hours for additio	nal information?
Received by	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
()	DAYTIME PHONE NUMBER EMAIL AD	DRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the including any accompanying statements or documer	•	•
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
THIS EXEMPTION CLAIM IS A PUBLI	C RECORD AND IS SUBJECT TO PUBLIC	INSPECTION.

