EF-237-R03-0208-26000301-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

State of California, County of	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	ibally designated housing, owner and/or entity) of the property described
1. That as	
0. (1)	(officer)
2. of the	tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is claimed in	(give complete mailing address)
(give complete address	ZIP
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 Code or applications charged do not exceed the limits provided in section 50053 of the section 50053 of the limits provided in section 50079.	and related facilities for tenants who are persons of low income as defined able federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. avit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required fo	or first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legall occupied by or held for occupancy by qualifying low-income	ly binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information?
(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	-
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	ERTIFICATION of the State of California that the foregoing and all information hereon,
	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.

