EF-237-R04-0518-26000272-1 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 \_\_\_\_\_

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

Mono County Office Of The Assessor

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is		ZIP	
4. the location of the property for which exem		ZIP	
	(give complete address)		
5. That this claim for exemption is made for the			
in section 50079.5 of the Health and Safet charged do not exceed the limits provided i	or rental housing and related facilities for tenants wh y Code or applicable federal, state, or local financia n section 50053 of the Health and Safety Code or ap claimant affirming that the tenants' incomes and rents the income affidavit.	al as <mark>sis</mark> tance agreements and the ren opli <mark>cable federa</mark> l, state, or local financi	
7. That the property is owned and operated b	y an owner operator owner	/operator	
[ ] a federally recognized tribe (documen	tation required for first time filers)		
<ul> <li>a tribally designated housing entity (do inure to the benefit of any private share</li> </ul>	cumentation required for first time filers) which is nor reholder.	nprofit and no part of those net earning	
<ol> <li>That there is a deed restriction, agreement occupied by or held for occupancy by quality</li> </ol>	nt, or other legally binding document requiring that ifying low-income tenants.	at least 30% of the housing units ar	
	E-237, Housing — Lower-Income Households, is als 54 of the Revenue and Taxation Code for those tribe Tribal Housing.		
FOR ASSESSOR'S USE ON		ntact during normal business	
	hours for ad	lditional information?	
Received by	e) NAME		
of	ADDRESS (street city state zie code)	ADDRESS (street, city, state, zip code)	
(county or city)			
ON			
(oate)		MAIL ADDRESS	
	()		
	CERTIFICATION		
	ry under the laws of the State of California that the f		
	s or documents, is true, correct and complete to the		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

