EF-237-R04-0518-26000218-1 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.



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456

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

Email: assessor@mono.ca.gov

State of California, County of	Website: www.monocounty.ca.gov/assessor
(name of person making claim)	 ,
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
	ZIP
 3. the mailing address of which is	ve complete mailing address)
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined ole federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial hat the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	red for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assessor 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.	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	TIFICATION
	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

