EF-237-R04-0518-26000139-1 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)	<b>,</b>
who is filing this claim as or on behalf of the	tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
	f tribe or tribally designated housing entity)
<ul> <li>3. the mailing address of which is</li> <li>4. the location of the property for which exemption is claimed</li> </ul>	(give complete mailing address)
(give complete addre	zel
5. That this claim for exemption is made for the 20 20	
in section 50079.5 of the Health and Safety Code or appli charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as define cable federal, state, or local financial assistance agreements and the ren of the Health and Safety Code or applicable federal, state, or local financing that the tenants' incomes and rents do not exceed those limits is attache lavit.
7. That the property is owned and operated by an owne	r operator owner/operator
[ ] a federally recognized tribe (documentation required to	for first time filers)
<ul> <li>a tribally designated housing entity (documentation red inure to the benefit of any private shareholder.</li> </ul>	quired for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	ally binding document requiring that at least 30% of the housing units a ne tenants.
	— Lower-Income Households, is also required to be filed with the Assess use and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
on	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
C	ERTIFICATION
	s 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	

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