EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

who is filing this claim as, or on behalf of, the	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
	ZIP
(give complete address)	
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 housing and related facilities for tenants who are in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance do not exceed the limits provided in section 50053 of the Health and Safety Code or application assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do in The exemption cannot be allowed without the income affidavit.	s <mark>istance ag</mark> reements and the rents able federal, state, or local financial
7. That the property is owned and operated by an owner operator owner/oper	ator
[] a federally recognized tribe (documentation required for first time filers)	
[] a tribally designated housing entity (documentation required for first time filers) which is nonprofinure to the benefit of any private shareholder.	it and no part of those net earnings
 That there is a deed restriction, agreement, or other legally binding document requiring that at le occupied by or held for occupancy by qualifying low-income tenants. 	east <mark>30</mark> % of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also recunder the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or filing BOE-237, Exemption of Low-Income Tribal Housing. 	
	t during normal business onal information?
Peceived by	

Received by	(Assessor's designee)				
(Assessor's designee)	NAME				
of	(county or city)	ADDRESS (street, city, state, zip code)			
on	(date)	_			
		DAYTIME PHONE NUMBER EMAIL ADDRESS			
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.

