EF-237-R03-0208-27000240-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

State of California, County of	assessor@co.monterey.ca.us
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described tribe or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
5. The maining address of which is	(give complete mailing address)
4. the location of the property for which exemption is cla	imed is
	ZIP
give complete	e ad <mark>dress)</mark>
5. That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
	ousing and related facilities for tenants who are persons of low income as defined
	applicab <mark>le federal, state, or local f</mark> inancial as <mark>sistance agreem</mark> ents and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial
assistance agreements. An affidavit by the claimant aff	firming that the tenants' incomes and rents do not exceed those limits is attached.
The exemption cannot be allowed without the income	
	owner operator owner/operator
[ ] a federally recognized tribe (documentation requ	on required for first time filers) which is nonprofit and no part of those net earnings
inure to the benefit of any private shareholder.	of required for institute lifers) which is non-profit and no part of those fiet earnings
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-in	legally binding document requiring that at least 30% of the housing units are noome tenants.
	using — Lower-Income Households, is also required to be filed with the Assessor evenue and Taxation Code for those tribes or tribally designated housing entities sing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
00	
On(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	e laws of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents of statements of documents of person making claim	ents, is true, correct and complete to the best of my knowledge and belief.    DATE   DATE

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

