EF-237-R04-0518-27000087-1 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.



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

State of California, County of	
who is filing this claim as, or on behalf of, the	ribe or tribally designated housing, owner and/or entity)
-	(officer)
2. of the	name of tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is clair	(give complete mailing address)
(give complete	address) ZIP
5. That this claim for exemption is made for the 20	
in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 5	using and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financial irming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requi	ired for first time filers)
inure to the benefit of any private shareholder.	n required for first time filers) which is nonprofit and no part of those net earnings legally binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-ir	
	sing — 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
Received by	hours fo <mark>r</mark> additional information?
(and a stage of the stage of t	IVAIVIE
Of(county or city)	ADDRESS (street, city, state, zip code)
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 docume Signature of Person Making Claim	ents, is true, correct and complete to the best of my knowledge and belief. TITLE DATE

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

