EF-237-R03-0208-27000624-1 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
herein, states:	(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	(give complete mailing address)
4. the location of the property for which exemption is	claimed is
	ZIP
(give con	pplete address)
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property described above.
	Il housing and related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section	or applicable federal, state, or local financial assistance agreements and the rents in 50053 of the Health and Safety Code or applicable federal, state, or local financial taffirming that 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 re	equired for first time filers)
<ul> <li>a tribally designated housing entity (document inure to the benefit of any private shareholder</li> </ul>	ation required for first time filers) which is nonprofit and no part of those net earnings.
<ol><li>That there is a deed restriction, agreement, or of occupied by or held for occupancy by qualifying lo</li></ol>	ther legally binding document requiring that at least 30% of the housing units are w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assesson Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information:
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
certify (or declare) under penalty of periusy under	CERTIFICATION  r the laws of the State of California that the foregoing and all information hereon,
	uments, 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.

