EF-237-R03-0208-26000836-1 BOE-237 REV. 03 (02-08)

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

**Mono County Office of the Assessor** Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

State of California, County of	Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
1. That as	
	(officer)
2. of the	f 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	
(give complete addres	ZIP
(give continuete address	
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	or first time filers)
<ul> <li>a tribally designated housing entity (documentation req inure to the benefit of any private shareholder.</li> </ul>	uired for first time filers) which is nonprofit and no part of those net earnings
<ol> <li>That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-income</li> </ol>	lly binding document requiring that at least 30% of the housing units are e tenants.
	— Lower-Income Households, is also required to be filed with the Assessor use and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	EDITION
	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	TITLE DATE

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

