EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

(name of person making claim)		1		
who is filing this claim as, or on behalf of, the herein, states:	the		/or entity) of the property described	
1. That as				
		(officer)		
2. of the	(name of trib	be or tribally designated housing entity)		
3. the mailing address of which is	(giv	ve complete mailing address)	ZIP	
4. the location of the property for which exempti	on is claimed is			
(a	ive complete address)		ZIP	
5. That this claim for exemption is made for the	20 20	fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in s assistance agreements. An affidavit by the clai The exemption cannot be allowed without the	Code or applicat section 50053 of imant affirming th	ble federal, state, or local finar the Health and Safety Code o hat the tenants' incomes and re	ncial assistance agreements and the rents r applicable federal, state, or local financial	
7. That the property is owned and operated by a	an owner	operator ow	ner/operator	
[] a federally recognized tribe (documentat	ion required for	first time filers)		
[] a tribally designated housing entity (docu inure to the benefit of any private shareh		ed for first time filers) which is	nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifyi			hat at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-2 under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tri 	of the Revenue			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business		
		hours for	additional information?	
Received by(Assessor's designee)		NAME		
of		ADDRESS (street, city, state, zip code		
(county or city)			,	
on				
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CER			
I certify (or declare) under penalty of perjury u including any accompanying statements of	under the laws o	f the State of California that th		
SIGNATURE OF PERSON MAKING CLAIM			DATE	

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

