EF-237-R04-0518-26000510-1 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.



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456

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

Email: assessor@mono.ca.gov

State of California, County of	website. www.monocounty.ca.gov/assessor
(some of some making alaim)	,
(name of person making claim)	af the group of the d
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
	me 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 claim	ned is
(give complete ac	ZIP
	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined oplicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached. ffidavit.
7. That the property is owned and operated by an ow	ner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
[] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-ince	egally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor renue and Taxation Code for those tribes or tribally designated housing entities ng.
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)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, ats, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
>	

