EF-237-R04-0518-26000400-1 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

Website:	www mor	occunty ca	gov/assessor

State of California, County of	website. www.monocounty.ca.gov/assessor					
(name of person making claim)	,					
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally des	ignated housing, owner and/or entity)	of	the property described		
1. That as						
		(officer)				
2. of the	(					
	(name of tribe or tri	bally designated housing entity)				
the mailing address of which is	(give com	pplete mailing address)		_ ZIP		
4. the location of the property for which exemption is	claimed is					
				_ ZIP		
	nplete address)					
5. That this claim for exemption is made for the 20	20	fiscal year on the leased p	property descri	ibed above.		
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant The exemption cannot be allowed without the incor-	or applicable for n 50053 of the last the terminal that the last terminal termin	ederal, state, or local finan Health and Safety Code or	cial assistance applicable fee	e agreements and the rents deral, state, or local financial		
. 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 (documental inure to the benefit of any private shareholder.</li> </ul>		or first time filers) which is r	nonprofit and r	no part of those net earnings		
<ol><li>That there is a deed restriction, agreement, or otl occupied by or held for occupancy by qualifying lov</li></ol>			nat at least 30	0% of the housing units are		
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, F under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H</li> </ol>	e Revenue and					
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)				
(county or city)						
on						
	i	DAYTIME PHONE NUMBER	EMAIL ADDRESS			
		( )				
	CERTIFI	CATION		_		
I certify (or declare) under penalty of perjury under including any accompanying statements or doct						
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE		

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

