37-R04-0518-26000052-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HC To receive the full exemption, this claim must be filed with t State of California, County of	Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov
(name of person making claim)	,
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described
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	n is claimed is
	ZIP
(give	complete address)
5. That this claim for exemption is made for the 2) 20 fiscal year on the leased property described above.
charged do not exceed the limits provided in se assistance agreements. An affidavit by the clain The exemption cannot be allowed without the i	
7. That the property is owned and operated by an	
[] a federally recognized tribe (documentation	
[] a tribally designated housing entity (docum inure to the benefit of any private shareho	entation required for first time filers) which is nonprofit and no part of those net earni der.
	other legally binding document requiring that at least 30% of the housing units glow-income tenants.
	7, Housing — Lower-Income Households, is also required to be filed with the Asses the Revenue and Taxation Code for those tribes or tribally designated housing entited al Housing. Whom should we contact during normal business hours for additional information?
Received by	
of(county or city)	ADDRESS (street, city, state, zip code)
l on	
ON(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
ON(date)	CERTIFICATION

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM