EF-237-R03-0208-27000675-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Xochitl Marina Camacho Monterey County Assessor

DATE

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035

State of California, County of	Fax: (831) 755-5435 assessor@co.monterey.ca.us
(name of person making claim)	—,
who is filing this claim as, or on behalf of, the	of the property described y designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	ZIP
	e complete mailing address)
4. the location of the property for which exemption is claimed is	
	ZIP
(give complete 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 applicable charged do not exceed the limits provided in section 50053 of the sectio	In definition of the definitio
7. That the property is owned and operated by an owner owner	operator owner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)
[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earnings inure to the benefit of any private shareholder.	
8. That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.	
	.ower-Income Households, is also required to be filed with the Assessor 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?
	nours for additional information?
Received by	NAME
of	
(county or city)	ADDRESS (street, city, state, zip code)
on	
OII(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAT HIME PHONE NUMBER EMAIL ADDRESS
CERI	TIFICATION

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

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

TITLE



SIGNATURE OF PERSON MAKING CLAIM