EF-237-R03-0208-27000603-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Xochitl Marina Camacho Monterey County Assessor**

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 of the property described	
1. That as		
-	(officer)	
2. of the	ne or tribally designated housing entity)	
3. the mailing address of which is	re complete mailing address)	
4. the location of the property for which exemption is claimed is	o complete maining address)	
(give complete address)	ZIP	
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 applicab charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial nat the tenants' incomes and rents do not exceed those limits is attached. t.	
7. That the property is owned and operated by an owner owner	operator owner/operator	
[ ] a federally recognized tribe (documentation required for t	first time filers)	
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	ed for first time filers) which is nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units are enants.	
	Lower-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?	
Received by	nouro for additional innormation.	
Received by(Assessor's designee)	NAME	
of(county or city)	ADDRESS (street, city, state, zip code)	
on(date)		
	DAYTIME PHONE NUMBER EMAIL ADDRESS	
OFF.	TIFICATION	

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 r	knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

