EF-237-R03-0208-27000568-1 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 Fax: (831) 755-5435

State of California, County of	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
herein, states: (tribe or tribe	ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	be or tribally designated housing entity)
2 the mailing address of which is	ZIP
3. the mailing address of which is	ve 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 applical charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as define one federal, state, or local financial assistance agreements and the rent the Health and Safety Code or applicable federal, state, or local financial hat the tenants' incomes and rents do not exceed those limits is attached it.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
 a tribally designated housing entity (documentation requirements in the benefit of any private shareholder. 	red for first time filers) which is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t	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	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	-
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
0.55	TIFIC ATION
	RTIFICATION of the State of California that the foregoing and all information hereon,
	true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

