EF-237-R04-0518-27000554-1
BOE-237 REV. 04 (05-18)

State of California, County of \_\_\_\_

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 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 $\_$ 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)	ZIP	
4. the location of the property for which exempt			
	give complete address)	ZIP	
5. That this claim for exemption is made for the		property described above	
charged do not exceed the limits provided in	Code or applicable federal, state, or local fina section 50053 of the Health and Safety Code or aimant affirming that the tenants' incomes and r	incial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by	an owner operator ow	vner/operator	
[ ] a federally recognized tribe (documentation required for first time filers)			
<ul> <li>a tribally designated housing entity (docuing in the benefit of any private share)</li> </ul>	umentation required for first time filers) which is holder.	s nonprofit and no part of those net earnings	
<ol> <li>That there is a deed restriction, agreement, occupied by or held for occupancy by qualify</li> </ol>		that at least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE- under the provisions of sections 251 and 254 filing BOE-237, Exemption of Low-Income Tr</li> </ol>	of the Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONL		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	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFICATION		
	under the laws of the State of California that t or documents, is true, correct and complete to		
SIGNATURE OF PERSON MAKING CLAIM			

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

