EF-237-R04-0518-27000329-1
BOE-237 REV. 04 (05-18)

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

State of California, County of					
(name of person making claim)		-,			
who is filing this claim as, or on behalf of, the				of the property described	
herein, states:	(tribe or tribally	designated housing, owne	r and/or entity)	of the property described	
1. That as					
		(officer)			
2. of the	(name of tribe o	r tribally designated hous	ing entity)		
3. the mailing address of which is	(give complete mailing address)			ZIP	
4. the location of the property for which exemption					
(aive	e complete address)			ZIP	
5. That this claim for exemption is made for the 2		fiscal year on t	he leased prop	erty described above.	
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Concharged do not exceed the limits provided in se assistance agreements. An affidavit by the claim The exemption cannot be allowed without the interval of the section of the section of the section.	ode or applicable ction 50053 of th nant affirming tha	federal, state, or e Health and Safe	^r local financial ety Code or app	assistance agreements and the rents blicable federal, state, or local financia	
7. That the property is owned and operated by an	owner	operator	owner/o	operator	
[] a federally recognized tribe (documentation	on required for fire	st time filers)			
 a tribally designated housing entity (docum inure to the benefit of any private shareho 		I for first time filer	s) which is non	profit and no part of those net earning	
8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying			requiring that	at least 30% of the housing units are	
9. BOE-237-A, <i>Supplemental Affidavit for BOE-23</i> under the provisions of sections 251 and 254 o filing BOE-237, <i>Exemption of Low-Income Trib</i>	f the Revenue ar				
FOR ASSESSOR'S USE ONLY		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)			
ON(date)					
(oale)		DAYTIME PHONE NU	MBER EM/	ALL ADDRESS	
		()			
	CERTI	FICATION			
I certify (or declare) under penalty of perjury un including any accompanying statements or					
SIGNATURE OF PERSON MAKING CLAIM					

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

