EF-237-R04-0518-27000038-1
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

DATE

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)	<u>}</u>		
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	ne 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 exemption is claime	ed is		
(in south of	dur - a)	ZIP	
(give complete ad	•		
5. That this claim for exemption is made for the 20			
5. That at least 30% of the housing are used for rental hous in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5009 assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income af	plicable federal, state, or local finances 53 of the Health and Safety Code or ning that the tenants' incomes and re	cial assistance agreements and the ren applicable federal, state, or local financi	
7. That the property is owned and operated by an 🗌 owr	ner operator own	er/operator	
[] a federally recognized tribe (documentation require	d for first time filers)		
 a tribally designated housing entity (documentation r inure to the benefit of any private shareholder. 	required for first time filers) which is r	nonprofit and no part of those net earning	
That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco		nat at least 30% of the housing units ar	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housin under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing 	enue and Taxation Code for those tri		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by			
(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
on			
	DAYTIME PHONE NUMBER	EMAILADDRESS	
	()		
	CERTIFICATION		

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM