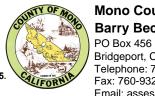
EF-237-R04-0518-26000429-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Mono County Office of the Assessor Barry Beck, Assessor

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website:	www mon	occunty ca	nov/assessor

State of California, County of	Website: www.monocounty.ca.gov/assessor			
(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				
(name of tr	ibe or tribally designated housing entity)			
3. the mailing address of which is	plete mailing address)			
4. the location of the property for which exemption is claimed is	S			
(give complete address)	ZIP			
5. That this claim for exemption is made for the 20 20_				
in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applications.	and related facilities for tenants who are persons of low income as defined the federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached wit.			
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 to the benefit of any private shareholder. 	ired 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	y binding document requiring that at least 30% of the housing units are tenants.			
	 Lower-Income Households, is also required to be filed with the Assessor e 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(Assessor's designee)	NAME			
(and a stanger of	IVAIVIE			
of(county or city)	ADDRESS (street, city, state, zip code)			
On(date)				
	DAYTIME PHONE NUMBER EMAIL ADDRESS			
CE	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			
<u>r</u>				

