EF-237-R04-0518-27000265-1
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)		3		
who is filing this claim as, or on behalf of, the			of the property described	
herein, states:	(tribe or tribally o	lesignated housing, owner ar	nd/or entity)	
1. That as				
		(officer)		
2. of the	(name of tribe of	r tribally designated housing e	əntity)	
3. the mailing address of which is	(give complete mailing address)			ZIP
4. the location of the property for which exemption	n is claimed is			
(give	e complete address)			ZIP
5. That this claim for exemption is made for the 2	0 20	_ fiscal year on the	leased property (	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.	ode or applicable oction 50053 of the nant affirming that	federal, state, or lo e Health and Safety	cal financial assist Code or applicab	stance agreements and the rents le federal, state, or local financia
7. That the property is owned and operated by an	owner	operator	owner/opera	tor
[ ] a federally recognized tribe (documentation	on required for fire	st time filers)		
<ul> <li>a tribally designated housing entity (docum inure to the benefit of any private shareho</li> </ul>		for first time filers)	which is nonprofit	and no part of those net earnings
8. That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying			quiring that at lea	ast 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 o filing BOE-237, Exemption of Low-Income Tribu	f the Revenue an			
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				
(uate)		DAYTIME PHONE NUMBE	ER EMAIL ADD	RESS
		( )		
	CERTI	FICATION		
I certify (or declare) under penalty of perjury ur including any accompanying statements or d				
SIGNATURE OF PERSON MAKING CLAIM				

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

