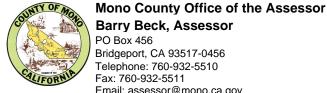
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

	(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.	e mailing address of which is			ZIP	
4.	the location of the property for which exemption i	s claimed is			
				ZIP	
	(give co	omplete address)			
5.	That this claim for exemption is made for the 20_	20	fiscal year on the leased	property described above.	
	5. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financia assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.				
7.	That the property is owned and operated by an	owner	operator own	ner/operator	
	[] a federally recognized tribe (documentation required for first time filers)				
	[] a tribally designated housing entity (documer inure to the benefit of any private sharehold		ed for first time filers) which is	nonprofit and no part of those net earnings	
	That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are occupied by or held for occupancy by qualifying low-income tenants.				
	BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal	he Revenue a			
			contact during normal business		
			hours for	additional information?	
F	Received by		NAME		
	of				
	(county or city)		ADDRESS (street, city, state, zip code)		
	on				
	(date)				
			DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		CED.			
	I certify (or declare) under penalty of perjury under including any accompanying statements or do	er the laws of	f the State of California that th		
SIG	NATURE OF PERSON MAKING CLAIM		TITLE	DATE	
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

