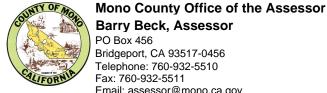
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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)		,		
	s filing this claim as, or on behalf of, the n, states:	(tribe or triball	y designated housing, owner and/or entity)	of the property described	
1. Tha	at as				
			(officer)		
2. of t	f the				
	(name of tribe or tribally designated housing entity)				
3. the	e mailing address of which is	(give	e complete mailing address)	ZIP	
4. the	e location of the property for which exemption is	s claimed is			
				ZIP	
	(give cor	mplete address)			
5. Th	at this claim for exemption is made for the 20_	20	fiscal year on the leased p	property described above.	
in s cha ass	. 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. Th	at the property is owned and operated by an $\left[{ m } m m m $	owner	operator owr	ner/operator	
[[] a federally recognized tribe (documentation required for first time filers)				
[] a tribally designated housing entity (documen inure to the benefit of any private shareholde		ed for first time filers) which is i	nonprofit and no part of those net earnings	
	t there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units are upied by or held for occupancy by qualifying low-income tenants.				
uno	DE-237-A, Supplemental Affidavit for BOE-237, der the provisions of sections 251 and 254 of th ng BOE-237, Exemption of Low-Income Tribal I	ne Revenue a			
	FOR ASSESSOR'S USE ONLY			contact during normal business	
			hours for	additional information?	
Rec	Ceived by(Assessor's designee)		NAME		
of _					
	(county or city)		ADDRESS (street, city, state, zip code)		
on _					
	(date)				
			DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		0503			
	ertify (or declare) under penalty of perjury unde including any accompanying statements or doc	er the laws of			
	URE OF PERSON MAKING CLAIM		TITLE		
-					

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

