BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assess	Telephone: 760-932-5510
State of California, County of	Email: assessor@mono.ca.gov
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	e 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)
4. the location of the property for which exemption is claim	ied is
	ZIP
(give complete ad	·
 That this claim for exemption is made for the 20 	20 fiscal year on the leased property described above.
assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income at	
7. That the property is owned and operated by an ow	
 a federally recognized tribe (documentation require a tribally designated housing entity (documentation) 	e for first time filers) required for first time filers) which is nonprofit and no part of those net earn
inure to the benefit of any private shareholder.	
 That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-ince 	egally binding document requiring that at least 30% of the housing units ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assemenue and Taxation Code for those tribes or tribally designated housing enting.
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	
ON(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM