37-R04-0518-26000449-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING	Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456
To receive the full exemption, this claim must be filed with the Assessor by Fe	ary 15. Telephone: 760-932-5510 Fax: 760-932-5511
State of California, County of	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	lly designated housing, owner and/or entity)
1. That as	
2 of the	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	re complete mailing address)
(giv	e complete mailing address)
4. the location of the property for which exemption is claimed is	
	ZIP
(give complete address)	
5. 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 affirming the The exemption cannot be allowed without the income affidavit7. That the property is owned and operated by an owner	hat the tenants' incomes and rents do not exceed those limits is attac t. operator owner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)
[] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.	ed for first time filers) which is nonprofit and no part of those net earni
 That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income te 	binding document requiring that at least 30% of the housing units enants.
	Lower-Income Households, is also required to be filed with the Asses and Taxation Code for those tribes or tribally designated housing enti
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
ON(date)	
(bac)	DAYTIME PHONE NUMBER EMAIL ADDRESS

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM