EF-237-R04-0518-26000268-1 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.



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Fmail: assessor@mono.ca.gov

Email: assessor emono.ca.gov				
Mohoito:	MANA MON	accument ca	gov/accocco	

State of California, County of	Website: www.monocounty.ca.gov/assessor		
(name of person making claim)			
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or entity) of the property described		
1. That as			
	(officer)		
2. of the			
	be or tribally designated housing entity)		
3. the mailing address of which is	ive 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.		
in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 o	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. vit.		
7. That the property is owned and operated by an owner operator owner/operator			
[] a federally recognized tribe (documentation required for	first time filers)		
[] a tribally designated housing entity (documentation require to the benefit of any private shareholder.	red for first time filers) which is nonprofit and no part of those net earnings		
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income	binding document requiring that at least 30% of the housing units are tenants.		
	- Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities		
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business		
	hours for additional information?		
Received by(Assessor's designee)	NAME		
(133333	IVAIVIE		
Of(county or city)	ADDRESS (street, city, state, zip code)		
(county of only)			
On(date)			
	DAYTIME PHONE NUMBER EMAIL ADDRESS		
	()		
CEI	RTIFICATION		
	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE		

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

