37-R04-0518-26000221-1 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 b	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	tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	f 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 claimed	
	ZIP
(give complete addres) 5. That this claim for exemption is made for the 20 20	
<ul> <li>assistance agreements. An affidavit by the claimant affirmin The exemption cannot be allowed without the income affid</li> <li>7. That the property is owned and operated by an owned</li> <li>a federally recognized tribe (documentation required for a field of the second sec</li></ul>	or first time filers)
a tribally designated housing entity (documentation rec inure to the benefit of any private shareholder.	uired for first time filers) which is nonprofit and no part of those net earni
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	Ily binding document requiring that at least 30% of the housing units e tenants.
under the provisions of sections 251 and 254 of the Reven filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> .	- Lower-Income Households, is also required to be filed with the Asses ue 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 (county or city)	ADDRESS (street, city, state, zip code)
(county of eity)	
On(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
C	ERTIFICATION
C	

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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM