EF-237-R03-0208-27000722-1 BOE-237 REV. 03 (02-08)

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## **Xochitl Marina Camacho Monterey County Assessor**

DATE

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035

(name of person making claim)	<b>→</b>
no is filing this claim as, or on behalf of, the	designated housing, owner and/or entity) of the property described
That as	
	(officer)
of the	or tribally designated housing entity)
the mailing address of which is	complete mailing address)
	complete mailing address)
the location of the property for which exemption is claimed is	
(give complete address)	ZIP
,,	
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 applicable charged do not exceed the limits provided in section 50053 of the	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents be Health and Safety Code or applicable federal, state, or local financia at the tenants' incomes and rents do not exceed those limits is attached
That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for fire	st time filers)
[ ] a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.	d for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other legally bi occupied by or held for occupancy by qualifying low-income ten	inding document requiring that at least 30% of the housing units are nants.
	ower-Income Households, is also required to be filed with the Assesson 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
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CERTI	IFICATION

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM