EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

	(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			
۷.	(name of tribe or tribally designated housing entity)			
3.	the mailing address of which is	(give complete mailing address)	ZIP	
4.	the location of the property for which exemption is clain	ned is		
			ZIP	
	(give complete a	aaress)		
5.	That this claim for exemption is made for the 20	- 20 fiscal year on the leased prope	rty described above.	
	in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 500	ast 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined a 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial e agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached. hption cannot be allowed without the income affidavit.		
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 required for first time filers) which is nonprofit and no part of inure to the benefit of any private shareholder. 				
			ofit and no part of those net earnings	
	That there is a deed restriction, agreement, or other I occupied by or held for occupancy by qualifying low-inc	ent, or other legally binding document requiring that at least 30% of the housing units are alifying low-income tenants.		
	BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lower-Income Households, is also required to be filed with the Assesso under the provisions of sections 251 and 254 of the Revenue and Taxation Code for those tribes or tribally designated housing entities filing BOE-237, Exemption of Low-Income Tribal Housing.			
	FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
1	Received by(Assessor's designee)	NAME		
0	Of (county or city) ADDRESS (street, city, state, zip code)			
	on			
`	(date)			
		DAYTIME PHONE NUMBER EMAIL ()	ADDRESS	
		CERTIFICATION		
_	I certify (or declare) under penalty of perjury under the	laws of the State of California that the fore		
including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.				
SIGNATURE OF PERSON MAKING CLAIM		TITLE	DATE	
_	THIS EXEMPTION CLAIM IS A PUBLI	C RECORD AND IS SUBJECT TO PUBL	IC INSPECTION.	

