EF-237-R04-0518-27000591-1 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.



## **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

State of California, County of	_
(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	
(name of tri	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 applical charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents of 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 wit.
7. That the property is owned and operated by an owner	operator owner/operator
a federally recognized tribe (documentation required for	first time filers)
	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	$^\prime$ 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
TON ACCESSION O COL ONE!	hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
(SSIII) S. SIJ)	
On(date)	
(uate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CEF	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.

