EF-237-R04-0518-27000366-1
BOE-237 REV. 04 (05-18)

State of California, County of ____

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

(name of person making claim)	,	
ho is filing this claim as, or on behalf of, the	(tribe or tribally designated housing, owner and/or entity)	of the property described
erein, states:	(tribe of tribally designated housing, owner and/or entity)	
. That as		
	(officer)	
. of the	(name of tribe or tribally designated housing entity)	
the mailing address of which is		ZIP
. the mailing address of which is	(give complete mailing address)	
. the location of the property for which exemption	n is claimed is	
		210
(give	e complete address)	ZIP
. That this claim for exemption is made for the 20	0 20 fiscal year on the leased pro	operty described above.
. That at least 30% of the housing are used for re- in section 50079.5 of the Health and Safety Co- charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claim The exemption cannot be allowed without the ir	ode or applicable federal, state, or local financi ction 50053 of the Health and Safety Code or a nant affirming that the tenants' incomes and ren	al assistance agreements and the ren applicable federal, state, or local financi
. That the property is owned and operated by an	n owner operator owne	r/operator
[] a federally recognized tribe (documentation	on required for first time filers)	
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	nentation required for first time filers) which is no Ider.	onprofit and no part of those net earning
. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at at least 30% of the housing units a
. BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	f the Revenue and Taxation Code for those trib	
FOR ASSESSOR'S USE ONLY		ontact during normal business dditional information?
Descined by	NAME	
Received by(Assessor's designee)		
County or city)	ADDRESS (street, city, state, zip code)	
Of		
of(Assessor's designee)	ADDRESS (street, city, state, zip code)	EMAIL ADDRESS
of(Assessor's designee)	ADDRESS (street, city, state, zip code)	EMAIL ADDRESS

SIGNATURE OF PERSON MAKING CLAIM
TITLE
DATE
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

