EF-237-R04-0518-27000252-1
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

DATE

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 herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	· · · · · · · · · · · · · · · · · · ·	ZIP	
	(give complete mailing address)		
4. the location of the property for which exemption	n is claimed is		
	e complete address)	ZIP	
		property described above	
5. That this claim for exemption is made for the 2			
6. That at least 30% of the housing are used for rein section 50079.5 of the Health and Safety Concharged do not exceed the limits provided in se assistance agreements. An affidavit by the claim The exemption cannot be allowed without the interval of the section of the section of the section.	ode or applicable federal, state, or local finar oction 50053 of the Health and Safety Code o nant affirming that the tenants' incomes and re	ncial assistance agreements and the rent r applicable federal, state, or local financia	
7. That the property is owned and operated by ar	n owner operator own	ner/operator	
[ ] a federally recognized tribe (documentation	on required for first time filers)		
[ ] a tribally designated housing entity (docum inure to the benefit of any private shareho		nonprofit and no part of those net earning	
<ol> <li>That there is a deed restriction, agreement, o occupied by or held for occupancy by qualifying</li> </ol>		that at least 30% of the housing units are	
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-23 under the provisions of sections 251 and 254 o filing BOE-237, Exemption of Low-Income Trib</li> </ol>	f the Revenue and Taxation Code for those the		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by			
(Assessor's designee)	NAME		
of	ADDRESS (street, city, state, zip code,	ADDRESS (street, city, state, zip code)	
on			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM