EF-237-R04-0518-26000254-1 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.



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Fmail: assessor@mono.ca.gov

State of California, County of	Website: www.monocounty.ca.gov/assessor
(name of person making claim) who is filing this claim as, or on behalf of, the	, of the property described y designated housing, owner and/or entity)
	(officer)
2. of the	or tribally designated housing entity)
3. the mailing address of which is	e complete mailing address)
(give complete address)	ZIP
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 applicab charged do not exceed the limits provided in section 50053 of	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financia at the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner owner	operator owner/operator
[] a federally recognized tribe (documentation required for f	irst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed for <mark>first t</mark> ime f <mark>ilers) wh</mark> ich is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	pinding document requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assesso 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	
(-20)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CER	TIFICATION
	the State of California that the foregoing and all information hereon, rue, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
	1

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

