EF-237-R04-0518-31000077-1
BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of \_\_\_\_\_

To receive the full exemption, this claim must be filed with the Assessor by February 15.



## Matthew R. Maynard

Placer County Assessor 2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	tribe or tribally designated h	d housing, owner and/or entity) of the property described	
1. That as			
	(office	ficer)	
2. of the			
	name of tribe or tribally des	esignated housing entity)	
3. the mailing address of which is		ZIP	
	(give complete ma	nalling address)	
4. the location of the property for which exemption is cla	imed is		
		ZIP	
(give complete	e address)		
5. That this claim for exemption is made for the 20	20 fiscal	I year on the leased property described above.	
in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section 5	applicable federal, 0053 of the Health firming that the ten	d facilities for tenants who are persons of low income as define al, state, or local financial assistance agreements and the ren th and Safety Code or applicable federal, state, or local financi enants' incomes and rents do not exceed those limits is attache	
7. That the property is owned and operated by an	owner or	operator owner/operator	
[ ] a federally recognized tribe (documentation requ	ired for first time fi	filers)	
<ul> <li>a tribally designated housing entity (documentation inure to the benefit of any private shareholder.</li> </ul>	on required for first	st time filers) which is nonprofit and no part of those net earning	
8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-in		document requiring that at least 30% of the housing units a	
	evenue and Taxati	<i>come Households,</i> is also required to be filed with the Assess ation Code for those tribes or tribally designated housing entitie	
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of		ESS (street, city, state, zip code)	
(county or city)			
on			
ON(date)			
	DAYTIME	ME PHONE NUMBER EMAIL ADDRESS	
	(	)	
	CERTIFICATIO	ION	
		te of California that the foregoing and all information hereon, rect and complete to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE		
<b>N</b>			

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

