EF-237-R04-0518-31000201-1
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 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	(give complete mailing address)	ZIP	
4. the location of the property for which exemption			
(civa	anniata addresa)	ZIP	
	complete address)		
5. That this claim for exemption is made for the 20		-	
charged do not exceed the limits provided in sec	de or applicable federal, state, or local financial a ction 50053 of the Health and Safety Code or appli ant affirming that the tenants' incomes and rents do	ssistance agreements and the rents cable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator owner/op	erator	
[] a federally recognized tribe (documentation	n required for first time filers)		
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	entation required for first time filers) which is nonproder.	ofit and no part of those net earnings	
That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-233 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba 	the Revenue and Taxation Code for those tribes of		
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)	ADDRESS (street, city, state, zip code)	
on			
(date)	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	CERTIFICATION		
	der the laws of the State of California that the fore locuments, is true, correct and complete to the be		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

