EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



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(name of person making claim)	······································		
who is filing this claim as, or on behalf of, the	ibe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the			
(1	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 is clai			
(give complete	address)	ZIP	
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased proper	ty described above.	
6. That at least 30% of the housing are used for rental ho in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50 assistance agreements. An affidavit by the claimant affi The exemption cannot be allowed without the income	applicable federal, state, or local financial a 2053 of the Health and Safety Code or appli irming that the tenants' incomes and rents do	ssistance agreements and the ren cable federal, state, or local financi	
7. That the property is owned and operated by an o	wner operator owner/op	operator owner/operator	
[] a federally recognized tribe (documentation requi	red for first time filers)		
 a tribally designated housing entity (documentation inure to the benefit of any private shareholder. 	n required for first time filers) which is nonpre	ofit 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		least 30% of the housing units a	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Hou- under the provisions of sections 251 and 254 of the Re filing BOE-237, Exemption of Low-Income Tribal Hous	evenue and Taxation Code for those tribes o		
FOR ASSESSOR'S USE ONLY	Whom should we conta	Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of	ADDRESS (street, city, state, zip code)		
(county or city)			
on	[
	DAYTIME PHONE NUMBER EMAIL	ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or docume			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM IS A PUBL	IC RECORD AND IS SUBJECT TO PUBL		

