EF-237-R04-0518-31000252-1 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.



Matthew R. Maynard **Placer County Assessor**

Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

2980 Richardson Dr

State of California, County of	
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states: 1. That as	(tribe or tribally designated housing, owner and/or entity)
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is	olete address)
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 of charged do not exceed the limits provided in section	housing and related facilities for tenants who are persons of low income as defined or applicable federal, state, or local financial assistance agreements and the rents a 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached. The me affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation re	equired for first time filers)
inure to the benefit of any private shareholder.	
occupied by or held for occupancy by qualifying lov	ner legally binding document requiring that at least 30% of the housing units are v-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities ousing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
a.f	
Of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
(state)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, uments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

