EF-237-R04-0518-31000207-1 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	or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	e of tribe or tribally designated housing entity)
	ZIP
<ul><li>3. the mailing address of which is</li><li>4. the location of the property for which exemption is claimed</li></ul>	(give complete mailing address) ed is ZIP
(give c <mark>om</mark> plete add	
5. That this claim for exemption is made for the 202	
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ing and related facilities for tenants who are persons of low income as defined blicable federal, state, or local financial assistance agreements and the rents 33 of the Health and Safety Code or applicable federal, state, or local financial ing that the tenants' incomes and rents do not exceed those limits is attached. idavit.
7. That the property is owned and operated by an own	er operator owner/operator
[ ] a federally recognized tribe (documentation required	d for first time filers)
inure to the benefit of any private shareholder.	equired for first time filers) which is nonprofit and no part of those net earnings gally binding document requiring that at least 30% of the housing units are me tenants.
	g — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon, s, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

