| EF-237-R04-0518-31000226-1 |
|----------------------------|
| 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<br>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)  |  |  |  |
| <ol><li>the mailing address of which is</li></ol>   | (give complete mailing address)  | ZIP  |  |  |
| 4. the location of the property for which exemption is  | claimed is   |  |  |  |
| (give con   | nplete address)  | ZIP  |  |  |
| 5. That this claim for exemption is made for the 20   | 20 fiscal year on the leased pro   | perty described above.   |  |  |
| 6. That at least 30% of the housing are used for renta<br>in section 50079.5 of the Health and Safety Code<br>charged do not exceed the limits provided in section<br>assistance agreements. An affidavit by the claiman<br>The exemption cannot be allowed without the incomentary | or applicable federal, state, or local financia<br>on 50053 of the Health and Safety Code or ap<br>t affirming that the tenants' incomes and rents | al assistance agreements and the ren<br>oplicable federal, state, or local financi |  |  |
| 7. That the property is owned and operated by an  | owner operator owner   | operator owner/operator  |  |  |
| [ ] a federally recognized tribe (documentation r   | equired for first time filers)   |  |  |  |
| [ ] a tribally designated housing entity (document<br>inure to the benefit of any private shareholde  |  | nprofit and no part of those net earning   |  |  |
| <ol> <li>That there is a deed restriction, agreement, or of<br/>occupied by or held for occupancy by qualifying lo</li> </ol>   |  | at least 30% of the housing units a  |  |  |
| <ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, a<br/>under the provisions of sections 251 and 254 of th<br/>filing BOE-237, Exemption of Low-Income Tribal F</li> </ol>  | e Revenue and Taxation Code for those tribe  |  |  |  |
| 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 EN  | /AIL ADDRESS   |  |  |
|   | CERTIFICATION  |  |  |  |
| I certify (or declare) under penalty of perjury unde<br>including any accompanying statements or doc  |  |  |  |  |
|   | TITLE  | DATE   |  |  |

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