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

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.d

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

State of California, County of					
(name of person making claim)					
who is filing this claim as, or on behalf of, the			(of the property described	
herein, states:	(tribe or tribally de	signated housing, owner and/or en	tity)		
1. That as					
		(officer)			
2. of the					
	(name of tribe or to	ibally designated housing entity)			
3. the mailing address of which is	(give complete mailing address)			ZIP	
		ipiele mailing address)			
4. the location of the property for which exemption is	s claimed is				
				ZIP	
(give co	mplete address)				
5. That this claim for exemption is made for the 20_	20	fiscal year on the lease	ed property desc	cribed above.	
6. That at least 30% of the housing are used for rentain section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the income.	e or applicable fon 50053 of the at affirming that	ederal, state, or local fi Health and Safety Code	nancial assistan e or applicable fe	ce agreements and the rents ederal, state, or local financia	
7. That the property is owned and operated by an \lceil	owner	operator	owner/operator		
a federally recognized tribe (documentation r	equired for first	time filers)			
[] a tribally designated housing entity (documen inure to the benefit of any private shareholde	tation required f		is nonprofit and	no part of those net earnings	
That there is a deed restriction, agreement, or o occupied by or held for occupancy by qualifying lo			g that at least 3	30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of th filing BOE-237, Exemption of Low-Income Tribal I 	e Revenue and				
FOR ASSESSOR'S USE ONLY		Whom should	we contact dur	ing normal business	
		hours	for additional i	nformation?	
Received by					
(Assessor a designee)		NAME			
of		ADDRESS (street, city, state, zip o	code)		
(county or city)					
on(date)					
(date)		DAYTIME PHONE NUMBER	EMAIL ADDRESS	3	
		()			
	CERTIF	CATION	1		
I certify (or declare) under penalty of perjury unde including any accompanying statements or do					
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	
No. 1 Transfer of the state of					