EF-237-R04-0518-31000284-1 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.

State of California, County of _____

Placer County Assessor 2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

Matthew R. Maynard

	,	
(name of person ma who is filing this claim as, or on beha herein, states:		of the property described
1. That as		
	(officer)	9
2. of the	(name of tribe or tribally design	nated housing entity)
3. the mailing address of which is _		
4. the location of the property for wh		ZIP
E. That this claim for examption is n	(give complete address)	rear on the logged property described above
5. That this claim for exemption is n		rear on the leased property described above.
in section 50079.5 of <mark>the Health</mark> charged do not exceed the limits	and Safety Code or applicable federal, s provided in section 50053 of the Health a vit by the claimant affirming that the tenar	acilities for tenants who are persons of low income as defir state, or local financial assistance agreements and the re and Safety Code or applicable federal, state, or local finan- ints' incomes and rents do not exceed those limits is attach
7. That the property is owned and o	perated by an owner ope	erator owner/operator
[] a federally recognized tribe	documentation required for first time file	ers)
[] a tribally designated housing inure to the benefit of any pr		ime filers) which is nonprofit and no part of those net earning
	agreement, or other legally binding doc y by qualifying low-income tenants.	cument requiring that at least 30% of the housing units
	251 and 254 of the Revenue and Taxation	me Households, is also required to be filed with the Asses on Code for those tribes or tribally designated housing entit
FOR ASSESSOR'S		Whom should we contact during normal business
		hours for additional information?
Received by	sor's designee) NAME	
of	ADDRESS (; (street, city, state, zip code)
(county or	sity)	
ON(date)		
		PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION	 N
		of California that the foregoing and all information hereon,
SIGNATURE OF PERSON MAKING CLAIM		t and complete to the best of my knowledge and belief.

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

