EF-237-R04-0518-31000227-1 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 making claim)	
who is filing this claim as, or on behalf of, the 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)
 the mailing address of which is the location of the property for which exemption is 	(give complete mailing address)
	ZIP
give c	mplete 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 Cod charged do not exceed the limits provided in sect	al housing and related facilities for tenants who are persons of low income as define or applicable federal, state, or local financial assistance agreements and the ren on 50053 of the Health and Safety Code or applicable federal, state, or local financi at affirming that the tenants' incomes and rents do not exceed those limits is attache ome affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation	equired for first time filers)
 a tribally designated housing entity (document inure to the benefit of any private sharehold 	tation required for first time filers) which is nonprofit and no part of those net earning r.
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying l 	ther legally binding document requiring that at least 30% of the housing units a w-income tenants.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by(Assessor's designee)	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	r the laws of the State of California that the foregoing and all information hereon, cuments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
SIGNATURE OF PERSON MAKING CLAIM	DATE

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

