EF-237-R03-0208-32000415-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

1 Crescent Street

Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

	CindieFroggatt@countyofplumas.com
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	ully designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of tri	be or tribally designated housing entity)
3. the mailing address of which is	ve complete mailing address)
4. the location of the property for which exemption is claimed is	ZIP_
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of 	nd related facilities for tenants who are persons of low income as defined ple federal, state, or local financial assistance agreements and the rent the Health and Safety Code or applicable federal, state, or local financial hat the tenants' incomes and rents do not exceed those limits is attached
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	red for first time filers) which is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	binding document requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entitie
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Book att	nours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
ON(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	TIFICATION
	of the State of California that the foregoing and all information hereon, true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

