EF-237-R04-0518-32000192-1 BOE-237 REV. 04 (05-18)

State of California, County of ____

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Cynthia L. Froggatt Plumas County Assessor

1 Crescent Street 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 herein, states:	(tribe or tribally des	ignated housing, owner an	nd/or entity)	of the property described
1. That as				
		(officer)		
2. of the				
	(name of tribe or tri	bally designated housing e	entity)	
 3. the mailing address of which is 4. the location of the property for which exemption is 		plete mailing address)	S	_ ZIP
give c <mark>on</mark>	nplete address)			
5. That this claim for exemption is made for the 20	- 20	fiscal year on the	leased property desc	ribed above.
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sectio assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inco	or applicable fe on 50053 of the l t affirming that th	edera <mark>l,</mark> state, or lo leal <mark>th and Safe</mark> ty	cal financial assistant Code or applicable fe	ce agreements and the rents ederal, st <mark>at</mark> e, or local financia
7. That the property is owned and operated by an	owner	operator	owner/operator	
 [] a federally recognized tribe (documentation re	equired for first	time filers)		
 a tribally designated housing entity (document inure to the benefit of any private shareholder That there is a deed restriction, agreement, or ot 	r.			
occupied by or held for occupancy by qualifying lo				Ŭ
9. BOE-237-A, Supplemental Affidavit for BOE-237, I under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal FOR ASSESSOR'S USE ONLY	e Revenue and	Taxation Code for Whom sho	those tribes or triball	y designated housing entities ing normal business
Received by(Assessor's designee)	ī	NAME		
of (county or city)	<i>7</i>	ADDRESS (street, city, sta	ite, zip code)	
on				
	ī	DAYTIME PHONE NUMBE	ER EMAIL ADDRESS	3
		()		
	CERTIFI	CATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or doc	r the laws of the	State of Californi		
SIGNATURE OF PERSON MAKING CLAIM				DATE

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