EF-237-R04-0518-32000068-1 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)	1	
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	of tribe or tribally designated housing entity)	
 the mailing address of which is	(give complete mailing address)	
		ZIP
5. That this claim for exemption is made for the 20 - 20		v described above.
6. That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affid	g and related facilities for tenants who are cable federal, state, or local financial as of the Health and Safety Code or applica ng that the tenants' incomes and rents do	e persons of low income as defined sistance agreements and the rent able federal, state, or local financia
7. That the property is owned and operated by an owne	r operator owner/oper	rator
[] a federally recognized tribe (documentation required	for first time filers)	
[] a tribally designated housing entity (documentation rec inure to the benefit of any private shareholder.	quired for first time filers) which is nonprof	it and no part of those net earning
 That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom 		east 30% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing under the provisions of sections 251 and 254 of the Reven filing BOE-237, Exemption of Low-Income Tribal Housing. 		
FOR ASSESSOR'S USE ONLY		t during normal business anal information?
Received by(Assessor's designee)	NAME	
Of(county or city)	ADDRESS (street, city, state, zip code)	
On(date)	—	
	DAYTIME PHONE NUMBER EMAIL AL	DDRESS
	()	
C	ERTIFICATION	
I certify (or declare) under penalty of perjury under the law including any accompanying statements or documents,	-	-
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE
L		