EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Alyssa Douglass Butte County Assessor

25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991

Email: assessorsoffice@buttecounty.net

State of California, County of	Website: www.buttecounty.net/assessor	
(name of person making claim)	,	
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the		
	pe or tribally designated housing entity)	
3. the mailing address of which is	ve complete mailing address)	ZIP
4. the location of the property for which exemption is claimed is	5/2	ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased p	property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applicate charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming the exemption cannot be allowed without the income affidavit.	and related facilities for tenants ole federal, state, or local finan the Health and Safety Code or hat the tenants' incomes and re	who are persons of low income as defined cial assistance agreements and the rents applicable federal, state, or local financial
7. That the property is owned and operated by an owner	operator owr	ner/operator
[] a federally recognized tribe (documentation required for	first time filers)	
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	red for first time filers) which is	non <mark>pr</mark> ofit and <mark>no</mark> part of those net earnings
 That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t 		nat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing.		
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?
Received by	NAME	additional information?
of .	ADDD500 (1	
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(aate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CER	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is	of the State of California that th	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

