	Alyssa Douglass
37-R04-0518-04000203-1	Butte County Assessor
	25 County Center Dr Suite 100 Oroville, CA 95965-3382
	Butte County (530)538-7721
Fo receive the full exemption, this claim must be filed with the Assessor by Feb	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	of the property described
herein, states: (tribe or tribally	designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
3. the mailing address of which is	ZIP
(give a	complete mailing address)
4. the location of the prop <mark>ert</mark> y for wh <mark>ich exemptio</mark> n is <mark>cl</mark> aimed is	
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
	related facilities for tenants who are persons of low income as defi
charged do not exceed the limits provided in section 50053 of th	e federal, state, or local financial assistance agreements and the re le Health and Safety Code or applicable federal, state, or local finar at the tenants' incomes and rents do not exceed those limits is attack
7. That the property is owned and operated by an 🗍 owner	operator owner/operator
 a federally recognized tribe (documentation required for first) 	st time filers)
	d for first time filers) which is nonprofit and no part of those net earn
	inding document requiring that at least 30% of the housing units
	ower-Income Households, is also required to be filed with the Asses
	ad Taxation Code for those tribes or tribally designated housing ent
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
FOR ASSESSOR 5 USE ONLY	hours fo <mark>r</mark> additional information?
Received by(Assessor's designee)	
(Assessor's designee)	NAME
Of (county or city)	ADDRESS (street, city, state, zip code)
	ABALES (Sheet, Shy, Sheet, 2p (Sheet)
(county or city)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAYTIME PHONE NUMBER EMAIL ADDRESS
ON(date)	
on	()
on	() IFICATION the State of California that the foregoing and all information hereon

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

