237-R04-0518-04000110-1 BOE-237 REV. 04 (05-18)	Butte County Assessor
	25 County Center Dr Suite 100 Oroville, CA 95965-3382
To receive the full exemption, this claim must be filed with the Assessor by F	Butte County (530)538-7721
· · · · · · · · · · · · · · · · · · ·	Fax (530) 538-7991 Email: assessorsoffice@buttecounty.net
State of California, County of	-
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe or triba	ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	be or tribally designated housing entity)
3. the mailing address of which is	ZIP
(gi	ve complete mailing address)
<ol><li>the location of the property for which exemption is claimed is</li></ol>	
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
	nd related facilities for tenants who are persons of low income as define ole federal, state, or local financial as <mark>sis</mark> tance agreements and the ren
	the Health and Safety Code or applicable federal, state, or local financi
assistance agreements. An affidavit by the claimant affirming t	hat the tenants' incomes and rents do not exceed those limits is attache
The exemption cannot be allowed without the income affidavi	it.
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 requir	red for first time filers) which is nonprofit and no part of those net earning
inure to the benefit of any private shareholder.	
8. That there is a deed restriction, agreement, or other legally	binding document requiring that at least 30% of the housing units ar
occupied by or held for occupancy by qualifying low-income t	
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing —	Lower-Income Households, is also required to be filed with the Assess
	and Taxation Code for those tribes or tribally designated housing entitie
filing BOE-237, Exemption of Low-Income Tribal Housing.	
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours fo <mark>r</mark> additional information?
Received by	NAME
	NAME
- e	ADDRESS (street, city, state, zip code)
I OT	
Of(county or city)	
of(county or city) On(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
ON(date)	
on(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS () RTIFICATION
onCER CER I certify (or declare) under penalty of perjury under the laws of	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
onCER CER I certify (or declare) under penalty of perjury under the laws of	DAYTIME PHONE NUMBER       EMAIL ADDRESS         (       )         RTIFICATION         of the State of California that the foregoing and all information hereon,

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

