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	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)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applichanged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial no that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owne	operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
 a tribally designated housing entity (documentation recinure to the benefit of any private shareholder. 	quired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-incompany by qualifying low-incompany.	ally binding document requiring that at least 30% of the housing units are ne tenants.
	— Lower-Income Households, is also required to be filed with the Assessor use and Taxation Code for those tribes or tribally designated housing entities Whom should we contact during normal business hours for additional information?
Descrived by	neuro i di dadicional informationi
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
С	ERTIFICATION
	is of the State of California that the foregoing and all information hereon, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
>	

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

