EF-237-R04-0518-51000212-1 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.



Kathy Scriven

Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
	(name of thise of thisany designated housing entity)	710	
 3. the mailing address of which is	(give complete mailing address) is claimed is complete address)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prope	erty described above.	
6. That at least 30% of the housing are used for rer in section 50079.5 of the Health and Safety Coo charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	de o <mark>r applicable federal, state, or local financial</mark> tion 50053 of the Health and Safety Code or app an <mark>t a</mark> ffirming that the tenants' income <mark>s</mark> and rents o	as <mark>sis</mark> tance agreements and the rents li <mark>cable federa</mark> l, st <mark>at</mark> e, or local financia	
7. That the property is owned and operated by an	owner operator owner/o	perator	
[] a federally recognized tribe (documentation	n required for first time filers)		
inure to the benefit of any private sharehold			
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying		at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237 under the provisions of sections 251 and 254 of filing BOE-237, Exemption of Low-Income Triba	the Revenue and Taxation Code for those tribes		
FOR ASSESSOR'S USE ONLY		tact during normal business	
Received by(Assessor's designee)	NAME NAME	itional information?	
of(county or city)	ADDRESS (street, city, state, zip code)	ADDRESS (street, city, state, zip code)	
ON(date)			
	DAYTIME PHONE NUMBER EMA	IL ADDRESS	
Looptify (or doplore) up day a solution of a strength	CERTIFICATION	reasons and all information have a	
I certify (or declare) under penalty of perjury und including any accompanying statements or d	der the laws of the State of California that the for ocuments, is true, correct and complete to the b		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

