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

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated	housing, owner and/or entity)	of the property described
1. That as			
	(offic	er)	
2. of the	(name of tribe or tribally de	signated housing entity)	
3. the mailing address of which is	(give complete mailing address)		
4. the location of the property for which exemption is	claimed is	12	ZIP_
5. That this claim for exemption is made for the 20_	20 fiscal	year on the leased p	roperty described above.
6. That at least 30% of the housing are used for rents in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimar The exemption cannot be allowed without the income.	o <mark>r ap</mark> plicable federa on 50053 of the Healtl It affirming that the ter	l, state, or local finance and Safety Code or	cial as <mark>sis</mark> tance agree <mark>me</mark> nts and the ren appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local financi
7. That the property is owned and operated by an	owner o	perator own	er/operator
[] a federally recognized tribe (documentation)	equired for first time f	ilers)	
 [] a tribally designated housing entity (document inure to the benefit of any private shareholder). 8. That there is a deed restriction, agreement, or coccupied by or held for occupancy by qualifying to occupancy. 	r. the <mark>r le</mark> gally bin <mark>din</mark> g d		
9. BOE-237-A, Supplemental Affidavit for BOE-237, under the provisions of sections 251 and 254 of the filling BOE-237, Exemption of Low-Income Tribal	Housing — Lower-Ind e Rev <mark>en</mark> ue and Taxat		
FOR ASSESSOR'S USE ONLY			contact during normal business
Received by	NAME	nours for a	additional information?
of.			
Of(county or city)	ADDRES	SS (street, city, state, zip code)	
on			
	DAYTIM (E PHONE NUMBER	EMAIL ADDRESS
	CERTIFICATION	ON	
I certify (or declare) under penalty of perjury under			
including any accompanying statements or do		•	
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE