37-R04-0518-04000017-1	Butte County Assessor
BOE-237 REV. 04 (05-18)	
	25 County Center Dr Suite 100 Oroville, CA 95965-3382
To receive the full exemption, this claim must be filed with the Assessor by	w February 15 Butte County (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	of the property described
herein, states:	tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	f 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 i	ie
	ZIP
give complete address	
 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 application charged do not exceed the limits provided in section 50053 of	g and related facilities for tenants who are persons of low income as de cable federal, state, or local financial assistance agreements and the of the Health and Safety Code or applicable federal, state, or local fina g that the tenants' incomes and rents do not exceed those limits is atta- avit
 That the property is owned and operated by an owner 	
[] a federally recognized tribe (documentation required for	
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net ear
 That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income 	Illy binding document requiring that at least 30% of the housing unit e tenants.
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing – under the provisions of sections 251 and 254 of the Revenu	- Lower-Income Households, is also required to be filed with the Asse
filing BOE-237, Exemption of Low-Income Tribal Housing.	
	Whom should we contact during normal business
filing BOE-237, <i>Exemption of Low-Income Tribal Housing</i> . FOR ASSESSOR'S USE ONLY	
filing BOE-237, Exemption of Low-Income Tribal Housing.	Whom should we contact during normal business
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information?
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information?
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee) of (county or city)	Whom should we contact during normal business hours for additional information?
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee) of (county or city)	Whom should we contact during normal business hours for additional information?
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information? NAME ADDRESS (street, city, state, zip code)
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee) of (county or city)	Whom should we contact during normal business hours for additional information?
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by (Assessor's designee) of (county or city)	Whom should we contact during normal business hours for additional information? NAME ADDRESS (street, city, state, zip code)
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information? NAME ADDRESS (street, city, state, zip code)
filing BOE-237, Exemption of Low-Income Tribal Housing. FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information? NAME ADDRESS (street, city, state, zip code) DAYTIME PHONE NUMBER EMAIL ADDRESS ()

EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPEC

