EF-237-R04-0518-51000152-1 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)	
 3. the mailing address of which is 4. the location of the property for which exemption is cl (give complete) 		ZIP ZIP
5. That this claim for exemption is made for the 20		d property described above.
6. That at least 30% of the housing are used for rental h in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the incom	ousing and related facilities for tenant applicable federal, state, or local fina 50053 of the Health and Safety Code ffirming that the tenants' incomes and	s who are persons of low income as defined ancial assistance agreements and the rents or applicable federal, state, or local financia
7. That the property is owned and operated by an	owner operator ov	wner/operator
[] a federally recognized tribe (documentation req	uired for first time filers)	
 a tribally designated housing entity (documentat inure to the benefit of any private shareholder. 	on required for first time filers) which i	s nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low- 		that at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Ho under the provisions of sections 251 and 254 of the F filing BOE-237, Exemption of Low-Income Tribal Ho	Revenue and Taxation Code for those	
FOR ASSESSOR'S USE ONLY		e contact during normal business
Received by(Assessor's designee)	NAME NOURS TO	or additional information?
af.		
of(county or city)	ADDRESS (street, city, state, zip code)	
on		
(date)	DAYTIME PHONE NUMBER	EMAIL ADDRESS
		ENIAL ADDRESS
I certify (or declare) under penalty of perjury under t	-	the foregoing and all information beroon
including any accompanying statements or docur		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

