EF-237-R04-0518-51000105-1 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)	
<ul> <li>3. the mailing address of which is</li> <li>4. the location of the property for which exemption</li> </ul>	(give complete mailing address) is claimed is	ZIP ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leased prop	perty described above.
6. That at least 30% of the housing are used for ren in section 50079.5 of the Health and Safety Coc charged do not exceed the limits provided in sec assistance agreements. An affidavit by the claima The exemption cannot be allowed without the in	le or applicable federal, state, or local financia tion 50053 of the Health and Safety Code or ap an <mark>t affirm</mark> ing that the tenants' incomes and rents	I as <mark>sis</mark> tance agreements and the rents pli <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/	operator
[ ] a federally recognized tribe (documentation	required for first time filers)	
<ul> <li>a tribally designated housing entity (docume inure to the benefit of any private sharehold</li> </ul>		profit and no part of those net earnings
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 Tribal	the Revenue and Taxation Code for those tribe	
FOR ASSESSOR'S USE ONLY		ntact during normal business
Received by(Assessor's designee)	NAME NAME	ditional information?
of	ADDRESS (street, city, state, zip code)	
(county or city)		
on		
(date)		AILADDRESS
	CERTIFICATION	
I certify (or declare) under penalty of perjury und	-	pregoing and all information hereon
	ocuments, is true, correct and complete to the	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

