EF-237-R04-0518-51000325-1 BOE-237 REV. 04 (05-18)

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

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State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	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	(give complete mailing address)
4. the location of the property for which exemption is claime	
	ZIP
(give complete addi	,
5. That this claim for exemption is made for the 20 2	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ng and related facilities for tenants who are persons of low income as defin licable federal, state, or local financial assistance agreements and the re i3 of the Health and Safety Code or applicable federal, state, or local financing that the tenants' incomes and rents do not exceed those limits is attached idavit.
7. That the property is owned and operated by an own	er operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
 a tribally designated housing entity (documentation reinure to the benefit of any private shareholder. 	equired for first time filers) which is nonprofit and no part of those net earning
That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incor	gally binding document requiring that at least 30% of the housing units a me tenants.
	g — Lower-Income Households, is also required to be filed with the Assess nue and Taxation Code for those tribes or tribally designated housing entity.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
	-
ON(date)	—
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
-	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon, s, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

