	DW-INCOME TRIBAL HOUSING bon, this claim must be filed with the Assessor by	February 15.	Diane Brown Butte County Assessor 25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)552-3800 Email: assessorsoffice@buttecounty.net	
State of California, C	County of		Website: www.buttecounty.net/assessor	
	(name of person making claim)	,		
who is filing this claim herein, states:	as, or on behalf of, the	ibally designated housing, owner and/or	entity) of the property described	
1. That as				
2. of the	(name of	(officer)		
	(name of a	tribe or tribally designated housing entity		
3. the mailing address	of which is	(give complete mailing address)	ZIP	
4. the location of the p	property for which exemption is claimed i	is		
			ZIP	
	(give complete address	3)	ZIP	
5. That this claim for e	exemption is made for the 20 20_	fiscal year on the lea	sed property described above.	
assistance agreeme The exemption can		y that the tenants' incomes a avit.	de or applicable federal, state, or local financi and rents do not exceed those limits is attache owner/operator	
	ognized tribe (documentation required for			
[] a tribally design	nated housing entity (documentation requ		ch is nonprofit and no part of those net earning	
8. That there is a dee	nefit of any private shareholder. ed restriction, agreement, or other legal I for occupancy by qualifying low-income		ing that at least 30% of the housing units ar	
9. BOE-237-A, Supple under the provision	emental Affidavit for BOE-237, Housing –	– Lower-Income Household	ds, is also required to be filed with the Assess ose tribes or tribally designated housing entitie	
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by	(Assessor's designee)	NAME		
of	(county or city)	ADDRESS (street, city, state, zi	ADDRESS (street, city, state, zip code)	
on	(date)	_		
	(uale)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		()		
L certify (or declare)		ERTIFICATION	nat the foregoing and all information hereon,	
			e to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKI	NG CLAIM	TITLE	DATE	

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

