State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

-		Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	ally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	ribe or tribally designated housing entity)		
3 the mailing address of which is	give complete mailing address)	ZIP	
4. the location of the property for which exemption is claimed is	3		
(give complete address)		ZIP	
(give complete dedicate)			
5. That this claim for exemption is made for the 20 20	fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 or assistance agreements. An affidavit by the claimant affirming The exemption cannot be allowed without the income affidav	ble federal, state, or local finar f the Health and Safety Code o that the tenants' incomes and re	ncial assistance agreements and the rents r applicable federal, state, or local financial	
7. That the property is owned and operated by an owner	operator own	ner/operator	
a federally recognized tribe (documentation required for	first time filers)		
 a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder. 	ired for first time filers) which is	nonprofit and no part of those net earnings	
That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income		hat at least 30% of the housing units are	
 BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing. 			
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, zip code,	ADDRESS (street, city, state, zip code)	
(outry of only)			
on(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	RTIFICATION		
I certify (or declare) under penalty of perjury under the laws including any accompanying statements or documents, is			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

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

