EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



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

State of California, County of		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 herein, states: 1. That as	(tribe or tribally des	ignated housing, owner and/or entity)	of	the property described
		(officer)		
2. of the	(name of tribe or tri	bally designated housing entity)		
3. the mailing address of which is	(give com	plete mailing address)		ZIP
4. the location of the property for which exemption	is claimed is			
(give	complete address)			ZIP
5. That this claim for exemption is made for the 20		Gazal was an the leased n		
6. That at least 30% of the housing are used for rer 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	ntal housing and red de or applicable fe tion 50053 of the h ant affirming that th	elated facilities for tenants videral, state, or local finan- Health and Safety Code or	who are persor cial assistance applicable fed	ns of low income as defined agreements and the rents eral, state, or local financial
 That the property is owned and operated by an a federally recognized tribe (documentation 			er/operator	
 [] a tribally designated housing entity (docume inure to the benefit of any private sharehold 8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 	entation required for ler. other legally bind low-income tenan	or first time filers) which is r ling document requiring the	nat at least 30°	% of the housing units are
 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			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by	<u> </u>	NAME		
of(county or city)		ADDRESS (street, city, state, zip code)		
on(date)				
	<u> </u>	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	CERTIFI	CATION		
I certify (or declare) under penalty of perjury und including any accompanying statements or de				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE

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

