	91–1 W-INCOME TRIBAL HOUSING on, this claim must be filed with the Asses	En Star	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	
State of California, C	County of		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 a herein, states:	as, or on behalf of, the	ribe or tribally designated housing, owner and/o	r entity) of the property described	
1. That as				
2 of the		(officer)		
	(n	name of tribe or tribally designated housing entity	y)	
3. the mailing address	of which is	(give complete mailing address)	ZIP	
4. the location of the p	property for which exemption is clai	imed is		
			ZIP	
	(give complete	address)		
5. That this claim for e	exemption is made for the 20	- 20 fiscal year on the lea	ased property described above.	
assistance agreeme The exemption can 7. That the property is		irming that the tenants' incomes affidavit. wner operator	ode or applicable federal, state, or local fina and rents do not exceed those limits is attac owner/operator	
[ ] a tribally desigr			ich is nonprofit and no part of those net earn	
8. That there is a dee			ring that at least 30% of the housing units	
9. BOE-237-A, Supple under the provisions	mental Affidavit for BOE-237, Hous	sing — Lower-Income Househol evenue and Taxation Code for th	ds, is also required to be filed with the Asses ose tribes or tribally designated housing ent	
FOR ASSESSOR'S USE ONLY			ld we contact during normal business rs for additional information?	
Received by	(Assessor's designee)	NAME		
of	(county or city)	ADDRESS (street, city, state, z	ADDRESS (street, city, state, zip code)	
on				
	(date)			
		DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		( )		
		CERTIFICATION		
			hat the foregoing and all information hereor te to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKIN	NG CLAIM	TITLE	DATE	

