EX



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

EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assessor by February	County Government Center 1055 Monterey Street, Suite San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641	D36
State of California, County of	Email: Assessor@co.slo.ca. Web Site: slocounty.ca.gov/s	
(name of person making claim)		
who is filing this claim as or on behalf of the	of the pro	onerf

,	W	Web Site: slocounty.ca.gov/assessor	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, theherein, states:	(tribe or tribally designated housing, owner and/or entit	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)	ZIP	
the location of the property for which exemption i			
4. The location of the property for which exemption i	3 Claimed 13		
(give co	omplete address)	ZIP	
5. That this claim for exemption is made for the 20_	20 fiscal year on the leased	d property described above.	
6. That at least 30% of the housing are used for rent in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in secti assistance agreements. An affidavit by the claima The exemption cannot be allowed without the inc	e or applicable federal, state, or local fination 50053 of the Health and Safety Code nt affirming that the tenants' incomes and	ancial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator ov	wner/operator	
[] a federally recognized tribe (documentation	required for first time filers)		
 a tribally designated housing entity (documer inure to the benefit of any private shareholded) 		s nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying I		that 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 the filing BOE-237, Exemption of Low-Income Tribal 	he Revenue and Taxation Code for those		
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 cod	ADDRESS (street, city, state, zip code)	
on(date)			
, ,	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under including any accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

