37-R04-0518-40000149-1 BOE-237 REV. 04 (05-18) EXEMPTION OF LOW-INCOME TRIBAL HOUSING To receive the full exemption, this claim must be filed with the Assesso	or 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 Veb Site: slocounty.ca.gov/assessor	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/o	r entity) of the property described	
1. That as			
2. of the	(officer)		
(nam	e of tribe or tribally designated housing entit	y)	
3. the mailing address of which is	(vive complete molling address)	ZIP	
4. the location of the property for which exemption is claime	ed is		
		ZIP	
(give complete add	dress)	ZIF	
5. That this claim for exemption is made for the 20	20 fiscal year on the lea	ased property described above.	
<ul> <li>assistance agreements. An affidavit by the claimant affirm The exemption cannot be allowed without the income aff</li> <li>7. That the property is owned and operated by an owr</li> <li>[ ] a federally recognized tribe (documentation required</li> <li>[ ] a tribally designated housing entity (documentation r</li> </ul>	fidavit. ner operator d for first time filers)	owner/operator	
<ul><li>inure to the benefit of any private shareholder.</li><li>8. That there is a deed restriction, agreement, or other least the statement of the statement</li></ul>			
occupied by or held for occupancy by qualifying low-inco			
<ol> <li>BOE-237-A, Supplemental Affidavit for BOE-237, Housin under the provisions of sections 251 and 254 of the Reve filing BOE-237, Exemption of Low-Income Tribal Housing</li> </ol>	enue and Taxation Code for th		
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)	
0.0			
On(date)			
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	( )		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the la	aws of the State of California t		
including any accompanying statements or document			

