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		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 desi	ignated housing, owner and/or entity)	of	the property described
1. That as				
		(officer)		
2. of the	(name of tribe or tri	bally designated housing entity)		
	(name of thise of this	dany designated hodsing entity)		710
the mailing address of which is	(give com	plete mailing address)		ZIP
4. the location of the property for which exemption is cla	aimed is			
				_ ZIP
(give comple		l		L. L.L.
5. That this claim for exemption is made for the 20		•	•	
6. That at least 30% of the housing are used for rental h in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant at The exemption cannot be allowed without the income.	applicable fe 50053 of the I ffirming that th	deral, state, or local finand Health and Safety Code or	cial assistance applicable fed	e agreements and the rents eral, state, or local financial
7. That the property is owned and operated by an	owner	operator own	er/operator	
[] a federally recognized tribe (documentation requ	uired for first t	time filers)		
 a tribally designated housing entity (documentation in the benefit of any private shareholder. 	on required fo	or first time filers) which is r	nonprofit and n	o part of those net earnings
8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-			at at least 30	% of the housing units are
 BOE-237-A, Supplemental Affidavit for BOE-237, Hounder the provisions of sections 251 and 254 of the Filing BOE-237, Exemption of Low-Income Tribal Houndary 	Revenue and			
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?		
Received by	<u></u>	IAME		
of(county or city)	A	ADDRESS (street, city, state, zip code)		
on(date)				
(uate)	-	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFIC	CATION		
I certify (or declare) under penalty of perjury under the including any accompanying statements or docum				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE
>				

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

