State of California, County of

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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

		Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor		
(name of person making claim)	-9			
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity)	of	the property described	
1. That as				
-	(officer)			
2. of the	or tribally designated housing entity)			
3. the mailing address of which is	complete mailing address)		ZIP	
4. the location of the property for which exemption is claimed is (give complete address)	complete maining address)		ZIP	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased i	nronerty descri	ihed above	
6. That at least 30% of the housing are used for rental housing and in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the assistance agreements. An affidavit by the claimant affirming that The exemption cannot be allowed without the income affidavit.	related facilities for tenants federal, state, or local finar e Health and Safety Code of	who are perso ncial assistance r appli <mark>ca</mark> ble fed	ns of low income as defined e agreements and the rents deral, state, or local financial	
7. That the property is owned and operated by an owner	operator own	ner/operator		
 a federally recognized tribe (documentation required for fir a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income ter 	d for first time filers) which is inding document requiring t			
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — Lunder the provisions of sections 251 and 254 of the Revenue at filling BOE-237, Exemption of Low-Income Tribal Housing.	nd Taxation Code for those to	bes or tribally	designated housing entities	
FOR ASSESSOR'S USE ONLY		contact during additional in	ng normal business formation?	
Received by	NAME			
of(county or city)	ADDRESS (street, city, state, zip code)	DDRESS (street, city, state, zip code)		
on				
(****)	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
CERT	FICATION			
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is true	he State of California that th			
SIGNATURE OF PERSON MAKING CLAIM	TITLE		DATE	
			1	

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

