EF-237-R03-0208-40000345-1 BOE-237 REV. 03 (02-08)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

ASSESSOP RANDUS OF SAN LUS OF

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	Fax: (805) 781-5641
	Email: Assessor@co.slo.ca.us
	Web Site: slocounty.ca.gov/assessor
(name of person making claim)	- 1
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name of tribe	or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claimed is (give complete address)	ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the	d related facilities for tenants who are persons of low income as defined a federal, state, or local financial assistance agreements and the rents be Health and Safety Code or applicable federal, state, or local financial at the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for file	rst time filers)
[] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.	d for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income tell	inding document requiring that at least 30% of the housing units are nants.
	ower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information?
Received by(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
(,,	
On	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CEDT	IFICATION
	the State of California that the foregoing and all information hereon,
	ue, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

