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, the	ally designated housing, owner and/or entity)	of the property described
1. That as		
	(officer)	
2. of the	pe or tribally designated housing entity)	
	e or tribally designated nousing entity)	710
3. the mailing address of which is	ve complete mailing address)	ZIP
(give complete address)		ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased	property described above.
6. That at least 30% of the housing are used for rental housing a in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of assistance agreements. An affidavit by the claimant affirming the exemption cannot be allowed without the income affidavit.	ole federal, state, or local finar the Health and Safety Code of hat the tenants' incomes and re	ncial as <mark>sis</mark> tance agree <mark>me</mark> nts and the rents r applic <mark>able federa</mark> l, st <mark>at</mark> e, 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	first time filers)	
 a tribally designated housing entity (documentation requirements in the benefit of any private shareholder. 	red 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 occupied by or held for occupancy by qualifying low-income t		hat at least 30% of the housing units are
9. BOE-237-A, Supplemental Affidavit for BOE-237, Housing — under the provisions of sections 251 and 254 of the Revenue filing BOE-237, Exemption of Low-Income Tribal Housing.		
FOR ASSESSOR'S USE ONLY		contact during normal business additional information?
Received by	NAME	
	10 4112	
Of(county or city)	ADDRESS (street, city, state, zip code)	
on(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
CER	RTIFICATION	
I certify (or declare) under penalty of perjury under the laws of including any accompanying statements or documents, is		
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE

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

