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

State of California, County of	Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor
who is filing this claim as, or on behalf of, the herein, states: (tribe or triball)	designated housing, owner and/or entity) of the property described
	(officer)
	(direct)
2. of the	or tribally designated housing entity)
the mailing address of which is	complete mailing address) ZIP 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 sectio	d related facilities for tenants who are persons of low income as defined a federal, state, or local financial assistance agreements and the rents ne 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 fi	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 loccupied by or held for occupancy by qualifying low-income te	ninding 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 Whom should we contact during normal business
	hours fo <mark>r</mark> 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
	()
CERT	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
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

