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
Herein, States.	, of the property described ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	be or tribally designated housing entity)
3. the mailing address of which is	(five complete mailing address)
4. the location of the property for which exemption is claimed is	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 applica charged do not exceed the limits provided in section 50053 or	and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. vit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or other legally	red for first time filers) which is nonprofit and no part of those net earnings violating document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-income	
	- Lower-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
Received by(Assessor's designee)	hours for additional information?
of	ADDRESS (street, city, state, zip code)
(county or city)	ADDICEOG (Bilot), Gily, State, Elp Code)
on	
(LLLO)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, 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.

