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. po County Assessor

nt Center eet, Suite D360 A 93408 31-5643

SSESSO	Office of Toffice
	San Luis Obisp
A STATE A	County Governmen
	1055 Monterey Stre
1, 3	San Luis Obispo, C.
OF SAN LUIS	Telephone (805) 78
	Fax: (805) 781-564
	Email: Assessor@c

State of California, County of	Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor
(name of person making claim)	 ,
who is filing this claim as, or on behalf of, the	of the property described 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)
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 applicab charged do not exceed the limits provided in section 50053 of	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financia 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 f	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	ed 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 to	oin <mark>din</mark> g doc <mark>ume</mark> nt requiring tha <mark>t a</mark> t least <mark>30</mark> % of the housing units are na <mark>nt</mark> s.
	nower-Income Households, is also required to be filed with the Assessor
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	TIFICATION
including any accompanying statements or documents, is t	the State of California that the foregoing and all information hereon, rue, 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.

