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	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
1. That as	
	(officer)
2. of the	
(name of trib	e or tribally designated housing entity)
3. the mailing address of which is	re 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 applicate charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined the federal, state, or local financial assistance agreements and the rent the Health and Safety Code or applicable federal, state, or local financial the tenants' incomes and rents do not exceed those limits is attached to.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first 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 earning
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income t	binding document requiring that at least 30% of the housing units are enants.
	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 Received by	Wh <mark>om should</mark> we contact during normal business hours fo <mark>r</mark> additional information?
(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DATTIME PROMER EMAIL ADDRESS
CER	TIFICATION
	f the State of California that the foregoing and all information hereon, 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.

