## **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

DATE

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643

State of California, County of	Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us
State of Camornia, County of	Web Site: slocounty.ca.gov/assessor
(name of person making claim)	
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	e of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claime	ed is
	ZIP
(give complete add	<u> </u>
5. That this claim for exemption is made for the 20 2	20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ing and related facilities for tenants who are persons of low income as defined blicable federal, state, or local financial assistance agreements and the rents 33 of the Health and Safety Code or applicable federal, state, or local financial ing that the tenants' incomes and rents do not exceed those limits is attached. idavit.
7. That the property is owned and operated by an $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	er operator owner/operator
[ ] a federally recognized tribe (documentation required	d for first time filers)
<ul> <li>a tribally designated housing entity (documentation re inure to the benefit of any private shareholder.</li> </ul>	equired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-income	gally binding document requiring that at least 30% of the housing units are me tenants.
	g — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities g.
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)
(county of city)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents	s, is true, correct and complete to the best of my knowledge and belief.

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

TITLE



SIGNATURE OF PERSON MAKING CLAIM