EXEMPTION C

To receive the full e



Office of Tom J. Bordonaro, Jr. **San Luis Obispo County Assessor**

	County Government Center
8	1055 Monterey Street, Suite D360
PAN SE	San Luis Obispo, CA 93408
OF SAN LUIS	Telephone (805) 781-5643
	Fax: (805) 781-5641
	Email: Assessor@co.slo.ca.us
	Web Site: slocounty.ca.gov/assess
	Control of San Luis de

State of California, County of	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
herein, states: (tribe or	tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
	f 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 claimed	is
(give complete addres	ss) 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 applic charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	r operator owner/operator
[] a federally recognized tribe (documentation required f	for first time filers)
 a tribally designated housing entity (documentation requirements to the benefit of any private shareholder. 	quired for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom	ally binding document requiring that at least 30% of the housing units are tenants.
	 Lower-Income Households, is also required to be filed with the Assessor ue and Taxation Code for those tribes or tribally designated housing entities
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	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	ERTIFICATION
	is of the State of California that the foregoing and all information hereon, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE

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

