## **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

State of California, County of		Fax: (805) 781-5643 Fax: (805) 781-5641 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		designated housing, owner and/or entity) 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				
_	(river and the address)	ZIP			
_	(give complete address)				
	That this claim for exemption is made for the 20 20				
б.	in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio	d related facilities for tenants who are persons of low income as defined a federal, state, or local financial assistance agreements and the rents he Health and Safety Code or applicable federal, state, or local financial 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.	d 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 te	oinding document requiring that at least 30% of the housing units are nants.			
9.		ower-Income Households, is also required to be filed with the Assessor nd 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(Assessor's designee)	NAME			
	Of(county or city)	ADDRESS (street, city, state, zip code)			
	(county of city)				
	on				
	(/	DAYTIME PHONE NUMBER EMAIL ADDRESS			
		( )			
_	000	TEICATION			
_	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.

