## **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)	<del>,</del>
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	ribe or tribally designated housing entity)
	ZIP
3. the mailing address of which is	give complete mailing address)
4. the location of the property for which exemption is claimed is	S
(give complete address)	ZIP
5. That this claim for exemption is made for the 20 - 20	
·	<del></del>
in section 50079.5 of the Health and Safety Code or applica charged do not exceed the limits provided in section 50053 of	and related facilities for tenants who are persons of low income as definedable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached wit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	r first time filers)
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	ired 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	y binding document requiring that at least 30% of the housing units are tenants.
	<ul> <li>Lower-Income Households, is also required to be filed with the Assessor e and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CE	RTIFICATION
	of the State of California that the foregoing and all information hereon, strue, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
DIGNATURE OF PERSON IMAKING GEARN	DATE

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

