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
who is filing this claim as, or on behalf of, the	of the property described designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
the mailing address of which is 4. the location of the property for which exemption is claimed is (give complete address)	complete mailing address) ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the section 50053 of the sec	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents be 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 fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	d for <mark>first t</mark> ime fi <mark>le</mark> rs) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income te	pinding document requiring that at least 30% of the housing units are nants.
	ower-Income Households, is also required to be filed with the Assesson and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information?
(instance of the grant of the	INAIVIE
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
. ,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CERT	IFICATION
	the State of California that the foregoing and all information hereon, ue, 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.

