## **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
Herein, States.	designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	r tribally designated housing entity)
4. the location of the property for which exemption is claimed is	zomplete mailing address)  ZIP
(give complete address)	
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 applicable charged do not exceed the limits provided in section 50053 of the	related facilities for tenants who are persons of low income as defined federal, state, or local financial assistance agreements and the rents a Health and Safety Code or applicable federal, state, or local financial the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owner owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for fir	st time filers)
<ul> <li>a tribally designated housing entity (documentation required inure to the benefit of any private shareholder.</li> </ul>	I 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 b occupied by or held for occupancy by qualifying low-income ter	nding document requiring that at least 30% of the housing units are lants.
	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	Wh <mark>om shoul</mark> d we contact during normal business hours for additional information?
(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS  ( )
CERT	FICATION
	he State of California that the foregoing and all information hereon, i.e, 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.

