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 |
| Email: Assessor@co.slo.ca.us |

| State of California, County of | 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 | of the property described or tribally designated housing, owner and/or entity) |
| 1. That as | |
| | (officer) |
| 2. of the | name of tribe or tribally designated housing entity) |
| the mailing address of which is | 7IP |
| o. the maining address of which is | (give complete mailing address) |
| 4. the location of the property for which exemption is cla | imed is |
| (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 a charged do not exceed the limits provided in section 5 | busing and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 0053 of the Health and Safety Code or applicable federal, state, or local financia firming that the tenants' incomes and rents do not exceed those limits is attached affidavit. |
| 7. That the property is owned and operated by an | owner operator owner/operator |
| [] a federally recognized tribe (documentation requ | ired for first time filers) |
| a tribally designated housing entity (documentation inure to the benefit of any private shareholder. | on required for first time filers) which is nonprofit and no part of those net earnings |
| 8. That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-ir | legally binding document requiring that at least 30% of the housing units are neome tenants. |
| | using — Lower-Income Households, is also required to be filed with the Assesson evenue and Taxation Code for those tribes or tribally designated housing entities sing. |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business |
| | hours for additional information? |
| Received by | NAME |
| of . | |
| Of(county or city) | ADDRESS (street, city, state, zip code) |
| on | |
| (date) | DAYTIME DUONE NUMBER |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS |
| | |
| | CERTIFICATION |
| | e laws of the State of California that the foregoing and all information hereon, ents, 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.

