## **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

State of California, County of	Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor
	Web Site. Sideburity.ca.gov/assessor
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described
herein, states:	or tribally designated nousing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name	of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claime	d is
,	
(give complete add	ZIP
5. That this claim for exemption is made for the 20 - 2	fiscal year on the leased property described above
•	ng and related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	licable federal, state, or local financial assistance agreements and the rents 3 of the Health and Safety Code or applicable federal, state, or local financial ing that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an own	er operator owner/operator
[ ] a federally recognized tribe (documentation required	for first time filers)
<ul> <li>a tribally designated housing entity (documentation reinure to the benefit of any private shareholder.</li> </ul>	equired for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-income	gally binding document requiring that at least $30\%$ of the housing units are me tenants.
	g — Lower-Income Households, is also required to be filed with the Assessor nue and Taxation Code for those tribes or tribally designated housing entities t.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon,
	s, 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.

