## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

ASSESSO P

## 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	Fax: (805) 781-5641 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
1. That as	
	(officer)
2. of the	be or tribally designated housing entity)
<ul> <li>3. the mailing address of which is</li></ul>	ze complete mailing address)  ZIP
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 applicate charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial hat the tenants' incomes and rents do not exceed those limits is attached. t.
7. That the property is owned and operated by an owner owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	first time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	ed 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 to	binding document requiring that at least 30% of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(batc)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	TIFICATION
	f the State of California that the foregoing and all information hereon, 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.

