This claim is filed for fiscal year 20 ____ - 20 ____

BOE-267-L2 (P1) REV 03 (05-21)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

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Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

EMAIL ADDRESS

BOE-267, Claim for Welfare Exemption (First Filir	ng)			
BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)			
In the case of a claim, for low-income rental housing preliability company, that does not receive government final certain limit if 90 percent or more of the occupants of the possible by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple possible must complete this affidavit if you checked box C(3) in Section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION AND IDEN	nncing or receive low- property are lower inco l exemption amount al properties, may not exc petion 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you ar	credits, may qualify for the rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a the seeking exemption un	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You nder the provisions
Name of Organization			Corporate ID or LLC N	umber
Address of Property (number and street) City, County, Zip Code SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by Imaximum rent that can be charged to the household, and the	ower income household	s for which exemption	is claimed: the actual ho	Il include an affidavit usehold income, the
as necessary. Report information for each unit that was repor				
Address/Unit Number				
Address/Offit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
Address/Offic Number			Rent That Can Be	Charged to
Address/Offic Number			Rent That Can Be	Charged to
Address/Offic Number			Rent That Can Be	Charged to
Address/Offic Number			Rent That Can Be	Charged to
Address/Offic Number			Rent That Can Be	Charged to

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

DAYTIME TELEPHONE



NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 214(g)(1)(C), 214.17, and 259.14 of the Revenue and Taxation Code and must be filed when seeking exemption on low-income housing property, owned and operated by a nonprofit organization or eligible limited liability company, that <u>does not</u> receive government financing or state/federal low-income housing tax credits. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of section 214(g)(1)(C). This affidavit supplements the claim for Welfare Exemption and must be filed, for certain properties, with the County Assessor by February 15 to avoid a late filing penalty under section 270. If you indicated on supplemental affidavit form BOE-267-L that you seek exemption under the criteria of Revenue and Taxation code section 214(g)(1)(C), by checking box (C)(3) in SECTION 3 of that form, you must complete and file this form; failure to do so will result in denial of the exemption. In accordance with Revenue and Taxation Code section 259.14, the Assessor shall keep this information confidential.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2018 would enter "2018-2019" on line four of the claim; a "2017-2018" entry on a claim filed in February 2018 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant and Property

Identify the name of the organization seeking exemption on the low-income housing property, corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property, the county in which the property is located, and the assessor's parcel number or assessment number of the property.

SECTION 2. Household Information

Provide the requested household information on all units occupied by lower income households for which the organization is seeking exemption. This listing must include all households for which exemption is sought in Section 4 of form BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing —Lower Income Households.

