EF-267-H-R10-0521-09000108-1 BOE-267-H (P1) REV. 10 (05-21)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING - FLORRLY OR HANDICAPPED FAMILIES



JON DEVILLE, ASSESSOR 360 FAIR LN.

EL DORADO COUNTY

PLACERVILLE, CA 95667 TEL. 530-621-5739

HOUSING - ELDERLI					
This Claim is Filed for Fiscal `	Year 20 — 20	·			
This is a Supplemental Affida	vit filed with				
☐ BOE-267, Claim for	r Welfare Exemption (Firs	t Filing)			
☐ BOE-267-A, Claim	for Welfare Exemption (A	nnual Filing)			
Section 1. Identification of	Applicant				
Name of Organization					
Mailing Address (number and	street)	Corporate ID or LLC Number			
City, State, Zip Code Organizational Clearance Ce an OCC, have you filed a clai			(Provide copy of certific	cate with this claim if firs	t filing). If you do not have
☐ Yes ☐ No	in for an OCC with the Bo	DE		7	-
If No, see instructions for info	rmation on obtaining an C	OCC claim form.			
Section 2. Identification of					
Address of property (number City, County, Zip Code	and street)	Λ		Assessor's Parce	//Assessment Number(s)
City, County, Zip Code				Date Property Ac	quired
Section 3. Household Inform	nation				
A. Eligibility Based on	Family Household Inco	me			
income elderly or handic	venue and Taxation Code apped families can qualify seed amounts listed below	for the welfare exemption			
NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME
1	\$85,850	4	\$122,650	7	\$152,100
2	\$98,100	5	\$132,450	8	\$161,900
3	\$110,40 <mark>0</mark>	6	\$142,250		
Note: If a dollar amount county and change annu		umber of persons, conta	ct the County Assessor for	or the figures. The amo	unts are different for each

In order to qualify all or a portion of the property for the exemption, you must have: (1) a signed statement for each family that qualifies (you should

keep the statement for future audits); and (2) you must complete the report on pages 2 and 3 of this claim.

FOR ASSESSOR'S USE ONLY	Whom should we contact do	uring normal business		
Received by	hours for additional information?			
ofon	NAME			
(county or city) (date)	DAYTIME TELEPHONE ()	EMAIL ADDRESS		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



B. List of Qualified Families

Complete or attach list showing desired information for only those households that qualify: use additional sheets if necessary.

(use two lines if there are two families in a unit)			XIMUM INCOME FOR FAMILY DOES NOT EXCEED	
I.		\$		
2. \$				
S.		\$		
l.		\$		
j.	\$			
C. Recap for All Families, Eligible and Ineligible			EXAMPLE	ACTUAL
. Number of qualified fami <mark>lies</mark> . <i>(one f<mark>or e</mark>ach line <mark>fille</mark>d i</i>	in above)		110	
2. Number of non-qualified families. (Occupants did not over the limit, or unit was occupied by other than elde		income is	10	
3. Total number of families.			120	
. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\mathcal{N}/\mathcal{P}/\mathcal{P}$			
D. Exemption Calculation		EXAMPLE	ACTUAL	
Percentage which the number of low and moderate-incorroperty is of the total number of families occupying the	ying the	110 / 120	/	
Maximum percentage of value of property eligible for ex		91.66%		
ection 4. Property Use				
loes this property include commercial space? Yes	☐ No Give a brief description of its use	e:		
		-		
	CERTIFICATION			
certify (or declare) under penalty of perjury under the la any accompanying statements or docu	CERTIFICATION aws of the State of California that the foregound in the light of th	ing and all inforr best of my know	nation contained l ledge and belief.	herein, includ

INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT HOUSING – ELDERLY OR HANDICAPPED FAMILIES

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 214(f), 251, and 254.5 of the Revenue and Taxation code and must be filed when seeking exemption on housing for elderly or handicapped families that is owned and operated by a nonprofit organization or eligible limited liability company. A separate affidavit must be filed for each location and the income of the occupants must not exceed certain limits (see section 3 of claim form). This affidavit supplements the claim for welfare exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If you do not complete and file this form, you may be denied the exemption. The claimant should provide each family living on the property with a copy of form BOE-267-H-A, *Elderly and Handicapped Families*, *Family Household Income Reporting Worksheet*.

The organization keeps the completed, signed worksheet in case of further audit. Do not submit the worksheets with your filing.

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 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant.

Identify the name of the organization seeking exemption on the elderly or handicapped housing property, corporate identification number (or limited liability number if the organization is a limited liability company), and mailing address.

SECTION 2. Identification of Property.

Identify the location of the elderly or handicapped housing property, county in which the property is located, and the date the property was acquired by the organization. Also identify the assessor's parcel number or assessment number of the property.

SECTION 3. Household Information.

Include a list of low and moderate-income elderly and handicapped families that qualify for exemption based on the maximum income level for the county for the claim year where the property is located (see dollar amount on table).

OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION

Claim form BOE-277, Claim for Organizational Clearance Certificate – Welfare Exemption, is available on the Board's website (www.boe.ca.gov) or you may request the form by contacting the Exemptions Section at 916-274-3430.

