BOE-267-L2 (P1) REV 02 (05-19)

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

Office of the Assessor **Kings County** 1400 W. Lacey Blvd. Hanford, CA. 93230

559-852-2486 fax 559-582-2794

This claim is filed for fiscal year 20 — 20						
This is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (First Filir	ng)					
☐ BOE-267-A, Claim for Welfare Exemption (Annua	l Filing)					
In the case of a claim, for low-income rental housing pr liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the p by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple p must complete this affidavit if you checked box C(3) in Se of section 214(g)(1)(C).	exempt ropertie ection 3	r receive lov are lower in- ion amount s, may not e of form BOE	v-income housing come household allowed under R xceed twenty m -267-L indicating	ng tax cred Is whose re evenue and illion dollar	its, may qualify for nt does not exceed I Taxation Code se s (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Organization				C	orporate ID or LLC I	Number
Address of Property (number and street)	Λ					<b>T</b>
City, County, Zip Code						
Section 259.14 of the California Revenue and Taxation Cod an affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each to	ccu <mark>pie</mark> d l ehold, ai	oy lowe <mark>r i</mark> nco nd the <mark>ac</mark> tual	me households f rent. Use the tal	or which explored to	emption <mark>is</mark> claimed: provide the require	the actual household
Address/Unit Number		f Persons in ousehold	Annual Hous Incom	e R	eximum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant
	1	5				
	1					l
I certify (or declare) under penalty of perjury under the lav any accompanying statements or docum	ws of the nents, is t	CERTIFIC State of Cali true, correct,	fornia that the for	egoing and the best of n	all information conta ny knowledge and b	nined herein, including elief.
NAME OF CLAIMANT			TLE			DATE
SIGNATURE OF CLAIMANT		DAYTIME TELE	PHONE		EMAIL ADDRESS	

# 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 and county in which the property is located.

### **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.

