This claim is filed for fiscal year 20 — 20

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

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

**Brett Frazier Madera County Assessor** 

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

DATE

EMAIL ADDRESS

This is a Supplemental Affidavit filed with	a m)			
<ul><li>□ BOE-267, Claim for Welfare Exemption (First Filir</li><li>□ BOE-267-A, Claim for Welfare Exemption (Annua</li></ul>	3,			
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 poly Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple property or multiple property or multiple property of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND I	ancing or receive low- property are lower inco I exemption amount al properties, may not ex- pection 3 of form BOE-2	income housing tax of the come households whose lowed under Revenue ceed twenty million do the company of the c	credits, may qualify for the rent does not exceed to and Taxation Code sec tollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You
Name of Organization			Corporate ID or LLC N	umber
Address of Property (number and street)	<b>7 7 1</b>			7
City, County, Zip Code	<b>N////</b>			
SECTION 2. HOUSEHOLD INFORMATION				
A. List of Qualified Households  Section 259.14 of the California Revenue and Taxation Cod an affidavit reporting the following information on the units o income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each units of the control of the contro	ccu <mark>pie</mark> d by lowe <mark>r i</mark> nconsehold, and the actual r	ne households for which ent. Use the table belo	n <mark>exe</mark> mption <mark>is</mark> claimed: tl w to provide the required	he actual household
Address/Unit 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
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

CERTIFICATION

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

TITLE



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 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.

