BOE-267-L2 (P1) REV. 01 (12-18)

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

Shelly Scott Assessor-Recorder-County Clerk

County of Marin P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7215

Fax: (415) 473-6542

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First Filing)			
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)			
	, , , , , , , , , , , , , , , , , , , ,			

In the case of a claim, for low-income rental housing liability company, that does not receive government fit certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or mult You must complete this affidavit if you checked box provisions of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND II	nancing or receive low- e property are lower inco otal exemption amount tiple properties, may no C(3) in Section 3 of for	income housing tax cre- ome households whose r allowed under Revenue t exceed twenty million of m BOE-267-L indicating	dits, may qualify for ent does not exceed and Taxation Code s dollars (\$20,000,000)	exemption up to a the rent prescribed section 214(g)(1)(C) in assessed value.		
Name of Organization			Corporate ID or LLC Number			
Address of Property (number and street) City, County, Zip Code			E			
SECTION 2. HOUSEHOLD INFORMATION						
Section 259.14 of the California Revenue and Taxation Code provides that claims on "qualified property" as described in section 214.17 shall include an affidavit reporting the following information on the units occupied by lower income households for which exemption is claimed: the actual household income, the maximum rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. Attach additional sheets as necessary. Report information for each unit that was reported in Section 4, part B of form BOE-267-L.						
Address/Unit Number	No. of Persons in Household		laximum Allowable Rent That Can Be Charged	Actual Rent Charged		
	CERTIFICA					
I certify (or declare) under penalty of perjury under the any accompanying statements or doct	laws of the State of Califo uments, is true, correct, a	ornia that the foregoing and nd complete to the best of	d all information contain my knowledge and be	ined herein, including elief.		
NAME OF CLAIMANT	TITL	E		DATE		
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS			

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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.

