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

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

MARIN

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 (An	nual Filing)				
the case of a claim, for low-income rental housing ability company, that does not receive government a retain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The transpayer, with respect to a single property or multiple ust complete this affidavit if you checked box C(3) in section 214(g)(1)(C).	financing or rec he property are lotal exemption a le properties, man n Section 3 of for	eive low-inc ower income imount allow ay not excee m BOE-267-	ome housing tax of households whose households whose ded under Revenue d twenty million do L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code se illars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
ECTION 1. IDENTIFICATION OF APPLICANT AND	IDENTIFICATIO	N OF PROF	PERTY		
ame of Organization				Corporate ID or LLC	Number
ddress of Property (number and street)		7 F			7
y, County, Zip Code Assessor's Parcel					sessment Number(s)
ECTION 2. HOUSEHOLD INFORMATION					_
naximum rent that can be charg <mark>ed</mark> to the ho <mark>us</mark> eh <mark>old</mark> , and as necessary. Report informati <mark>on</mark> for each <mark>uni</mark> t that was re Address/Unit Number		4, part B of too		required information. Atl Maximum Allowable Rent That Can Be	Actual Rent Charged to
				Charged for the Unit	the Tenant
	人				
I certify (or declare) under penalty of perjury under the	e laws of the Stat	RTIFICATION e of California	that the foregoing a	and all information conta	ined herein, including
name of Claimant	cuments, is true,	ue, correct, and complete to the best of my knowledge			DATE
				1=	
SIGNATURE OF CLAIMANT	DAY	TIME TELEPHON	E	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, 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.

