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

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

MERCED COUNTY
MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
	ing)			
☐ BOE-267-A, Claim for Welfare Exemption (Annual	al Filing)			
In the case of a claim, for low-income rental housing p liability company, that does not receive government fincertain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in S of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND ID	ancing or receive property are lowe al exemption amou properties, may nection 3 of form B	low-income housing income household income household unt allowed under Root exceed twenty mit income. Indicating	g tax credits, may qualify fo s whose rent does not exceed evenue and Taxation Code se Ilion dollars (\$20,000,000) in	r exemption up to a d the rent prescribed action 214(g)(1)(C) to assessed value. You under the provisions
Address of Property (number and street)	$\Lambda$			
City, County, Zip Code	$\Lambda / I$	H		
SECTION 2. HOUSEHOLD INFORMATION				
A. List of Qualified Households  Section 259.14 of the California Revenue and Taxation Coan affidavit reporting the following information on the units of income, the maximum rent that can be charged to the house additional sheets as necessary. Report information for each	occu <mark>pie</mark> d by lowe <mark>r</mark> sehold, and the <mark>ac</mark>	income ho <mark>us</mark> eholds fo tual rent. Use the tab	or which exemption is claimed: le below to provide the require	the actual household
Address/Unit Number	No. of Person Household			Actual Rent Charged to the Tenant
			_	
I certify (or declare) under penalty of perjury under the la any accompanying statements or docur	aws of the State of	FICATION California that the fore	egoing and all information conta he best of my knowledge and b	ained herein, including
I certify (or declare) under penalty of perjury under the la any accompanying statements or documents	aws of the State of	California that the fore	egoing and all information cont he best of my knowledge and b	ained herein, including belief.
any accompanying statements or docur	nws of the State of ments, is true, corre	California that the fore ect, and complete to t	egoing and all information conta he best of my knowledge and b	pelief.

# 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.

