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

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

CALIFORNIA

Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232

Rolf D. Kleinhans

Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

of section 214(g	ENTIFICATION OF APPLICANT A	ND IDENTIFICATION OF PI	ROPERTY		
Name of Organiz				Corporate ID or LLC N	umber
Address of Prope	erty (number and street)				
City, County, Zip	Code	\		As <mark>sessor's Parcel/Ass</mark> e	essment Number(s)
SECTION 2. HO	DUSEHOLD INFORMATION	. 			
Δ List of Ouali	fied Households	_	_		
reporting the follomaximum rent th	of the Revenue and Taxation Code powing information on the units occup at can be charged to the household, a proof information for each unit that was	ied by low <mark>er i</mark> ncome ho <mark>use</mark> hol	ds for which exemption ble below to provide the	is <mark>cl</mark> aimed: the actual ho	usehold income, the
as necessary. Re					
as necessary. Re	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
as necessary. Re				Rent That Can Be	Charged to
as necessary. Re				Rent That Can Be	Charged to
as necessary. Re				Rent That Can Be	Charged to
as necessary. Re				Rent That Can Be	Charged to
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as necessary. Re				Rent That Can Be	Charged to
	Address/Unit Number	CERTIFICA er the laws of the State of Calife	ATION ornia that the foregoing a	Rent That Can Be Charged for the Unit	Charged to the Tenant
I certify (or de	Address/Unit Number eclare) under penalty of perjury under any accompanying statements of	CERTIFICA or the laws of the State of Califor documents, is true, correct, a	ATION ornia that the foregoing and complete to the best	Rent That Can Be Charged for the Unit	Charged to the Tenant ned herein, including lief.
	Address/Unit Number eclare) under penalty of perjury under any accompanying statements of	CERTIFICA er the laws of the State of Calife	ATION ornia that the foregoing and complete to the best	Rent That Can Be Charged for the Unit	Charged to the Tenant

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 does not 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.

