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

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

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

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

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☐ BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)			
In the case of a claim, for low-income rental housing poliability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the play Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple property complete this affidavit if you checked box C(3) in Section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF ORGANIZATION OF APPLICANT AND IDENTIFICATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION OF ORGANIZATION O	ancing or receive I property are lower I exemption amour properties, may not ection 3 of form BC	ow-income housing tax of income households whose at allowed under Revenue exceed twenty million do E-267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to a at the rent prescribed ction 214(g)(1)(C) to assessed value. You under the provisions
Address of Property (number and street)	1 1			
City, County, Zip Code		PL		
SECTION 2. HOUSEHOLD INFORMATION				
A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Cocan 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	ccu <mark>pie</mark> d by lowe <mark>r in</mark> sehold, and the actu	co <mark>me hous</mark> eho <mark>ld</mark> s for which all rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household
				T
Address/Unit Number	No. of Persons Household	in Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
			Rent That Can Be	Charged to
			Rent That Can Be	Charged to
			Rent That Can Be	Charged to
			Rent That Can Be	Charged to
			Rent That Can Be	Charged to
			Rent That Can Be	Charged to
	CERTIFI ws of the State of C	Income CATION alifornia that the foregoing	Rent That Can Be Charged for the Unit	Charged to the Tenant
Address/Unit Number I certify (or declare) under penalty of perjury under the la	CERTIFI ws of the State of C	Income CATION alifornia that the foregoing	Rent That Can Be Charged for the Unit	Charged to the Tenant
Address/Unit Number I certify (or declare) under penalty of perjury under the la any accompanying statements or documents.	CERTIFI ws of the State of C	CATION alifornia that the foregoing tt, and complete to the best	Rent That Can Be Charged for the Unit	Charged to the Tenant ained herein, including elief.

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.

