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

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

11000114	O — LOWER INCOME HOUSEHOLDS — TERRARI DATA				
This claim i	s 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)				

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

Phone: (909) 387-8307 Toll Free: (877) 885-7654

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☐ BOE-267-A, Claim for Welfare Exemption (An	nual Filing)			
In the case of a claim, for low-income rental housing liability company, that does not receive government forertain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND	financing or receive the property are lowe otal exemption amo de properties, may n a Section 3 of form E	e low-income housing tax er income households who unt allowed under Revenu ot exceed twenty million of BOE-267-L indicating you a	credits, may qualify for ese rent does not exceed the and Taxation Code se dollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Organization			Corporate ID or LLC I	Number
Address of Property (number and street)	Λ			T
City, County, Zip Code		M	Assessor's Parcel/Ass	sessment Number(s)
reporting the following information on the units occupied to maximum rent that can be charged to the household, and as necessary. Report information for each unit that was re	the actual rent. Use to ported in Section 4, ported in Section 4, posterior with the section 4.	he table below to provide the part B of form BOE-267-L. s in Annual Household	e required information. At Maximum Allowable	ach additional sheets Actual Rent
	Household	Income	Rent That Can Be Charged for the Unit	Charged to the Tenant
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State of	FICATION California that the foregoing ect and complete to the be-	and all information contacts of my knowledge and h	nined herein, includin
NAME OF CLAIMANT		TITLE	o. o. my knowedge and b	DATE
SIGNATURE OF CLAIMANT	DAYTIME	 TELEPHONE	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.

