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

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

1000ING — LOWER INCOME HOUSEHOLDS — PENANT DATA
his claim is filed for fiscal year 20 — 20
his 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

This claim is filed for fiscal year 20 = 20				
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BOE-267, Claim for Welfare Exemption (First	Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (An	nual Filing)			
n the case of a claim, for low-income rental housing iability company, that does not receive government to certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a 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 I he property are lower otal exemption amour le properties, may not n Section 3 of form BO	ow-income housing tax of income households whos at allowed under Revenue exceed twenty million do DE-267-L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code se llars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
Name of Organization			Corporate ID or LLC	lumber
Address of Property (number and street)	A /			<u> </u>
City, County, Zip Code			Assessor's Parcel/Ass	essment Number(s)
maximum rent that can be charg <mark>ed</mark> to the ho <mark>us</mark> ehold, and as necessary. Report information for each unit that was re Address/Unit Number		rt B of form BOE-267-L.	Maximum Allowable Rent That Can Be	Actual Rent Charged to
			Charged for the Unit	the Tenant
I certify (or declare) under penalty of perjury under the any accompanying statements or do	CERTIFI e laws of the State of Co	alifornia that the foregoing a	and all information conta	ined herein, includin
NAME OF CLAIMANT	23	TITLE	2y momougo and b	DATE
SIGNATURE OF CLAIMANT	DAYTIME TE	ELEPHONE	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.

