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

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

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

Santa Clara County Assessor

Lawrence E. Stone

This claim i	is 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)						

BOE-267, Claim for Wellare Exemption (First Fil	iiig)					
☐ BOE-267-A, Claim for Welfare Exemption (Annu	ıal Filing)					
In the case of a claim, for low-income rental housing pliability company, that does not receive government fin certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota 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	nancing or reproperty are all exemption properties, section 3 of	eceive low- e lower inco n amount all may not exc form BOE-20	ncome housing tax of the households whose owed under Revenue the twenty million do for the households over a long tax of the households over the households over the households over the housing tax of the households whose over the households whose owe the households whose owe tax of the households where the households which is the households where the households whe	redit se ren and ollars	s, may qualify for t does not exceed Taxation Code sed (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Organization				Co	rporate ID or LLC N	Number
Address of Property (number and street)	Λ	/				7
City, County, Zip Code						
SECTION 2. HOUSEHOLD INFORMATION						
A. List of Qualified Households						
an affidavit reporting the followi <mark>ng</mark> informatio <mark>n on th</mark> e units o income, the maximum rent tha <mark>t c</mark> an be ch <mark>arg</mark> ed to the hou	occu <mark>pie</mark> d by isehold, and	lower incom the actual re	e households for which ent. Use the table belo	n exe w to	mption <mark>is</mark> claimed: provid <mark>e t</mark> he require	the actual household
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NAME OF CLAIMANT	TITLE		DATE	
SIGNATURE OF CLAIMANT	DAYTIME T	ELEPHONE	EMAIL ADDRESS	<u> </u>
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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.

