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

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

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This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (First Fil	ing)			
☐ BOE-267-A, Claim for Welfare Exemption (Annu	al 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	property are lower al exemption amou properties, may no ection 3 of form B	low-income housing tax income households who nt allowed under Revenu t exceed twenty million DE-267-L indicating you	c credits, may qualify foose rent does not exceed ue and Taxation Code so dollars (\$20,000,000) in	r exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You
Name of Organization			Corporate ID or LLC	Number
Address of Property (number and street)	7 7			
City, County, Zip Code		PL		
A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Co an affidavit reporting the following information on the units income, the maximum rent that can be charged to the hou additional sheets as necessary. Report information for each	occu <mark>pie</mark> d by lowe <mark>r i</mark> sehold, and the <mark>ac</mark> t	nco <mark>me hous</mark> eh <mark>old</mark> s for who ual rent. Use the table be	ich exemption is claimed: low to provide the require	the actual household
Address/Unit Number	No. of Persons Household	Annual Household	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
	OFDIII	COATION		
I certify (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the State of 0	FICATION California that the foregoing oct, and complete to the be	g and all information cont est of my knowledge and b	ained herein, including
NAME OF CLAIMANT		•	· -	pelief.
		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME T	TITLE	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 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.

