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

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

LESLIE MORGAN
ASSESSOR-RECORDER

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Intra_County toll free: 1(800)479-8009

his claim is filed for fiscal year 20 = 20						
This is a Supplemental Affidavit filed with						
BOE-267, Claim for Welfare Exemption (First Filin	ng)					
BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)					
In the case of a claim, for low-income rental housing priability company, that does not receive government final certain limit if 90 percent or more of the occupants of the poy Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple prints complete this affidavit if you checked box C(3) in Section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND	ancing or property I exempt properties ection 3 (r receive low are lower inc ion amount a s, may not e of form BOE-	r-income housing tax of come households whose illowed under Revenue acceed twenty million do 267-L indicating you are recorded.	redire rer and ollars e sec	ts, may qualify for the does not exceed Taxation Code see (\$20,000,000) in a eking exemption u	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You nder the provisions
Section 259.14 of the California Revenue and Taxation Cocan affidavit reporting the following information on the units on name, the maximum rent that can be charged to the house additional sheets as necessary. Report information for each understand the calculation of the decision of the units of the name of the companies of the calculation of the calcul	ccu <mark>pie</mark> d I sehold, ar unit that v No. o	by lowe <mark>r i</mark> ncoind the actual	ne households for which rent. Use the table belo	w to m BC Ma:	emption <mark>is claimed:</mark> provide the require	the actual household
		J	<u></u>			
I certify (or declare) under penalty of perjury under the la any accompanying statements or docun	ws of the nents, is t	CERTIFICA State of Calif True, correct, a	ornia that the foregoing a	and a of m	all information conta by knowledge and b	ined herein, including elief.
NAME OF CLAIMANT		ТІТ	LE			DATE
SIGNATURE OF CLAIMANT		DAYTIME TELEI	PHONE	EMAIL ADDRESS		
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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.

