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

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

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Kathy Scriven Sutter County Assessor

1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

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This is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (Fi	irst Filing)			
☐ BOE-267-A, Claim for Welfare Exemption	(Annual Filing)			
n the case of a claim, for low-income rental hous iability company, that does not receive governme certain limit if 90 percent or more of the occupants or Section 50053 of the Health and Safety Code. The ataxpayer, with respect to a single property or mul must complete this affidavit if you checked box C(3 of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND AMBRES A	ent financing or receive lover the property are lower in the total exemption amount littple properties, may not easy in Section 3 of form BOE	w-income housing tax come households whose allowed under Revenue exceed twenty million do -267-L indicating you are	redits, may qualify for one rent does not exceed to and Taxation Code sectillars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to sessed value. You
Jame of Organization			Corporate ID or LLC Nu	umber
			,	
Address of Property (number and street) City, County, Zip Code	$\Lambda \Lambda$	DI	Assessor's Parcel/Asse	essment Number(s)
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SECTION 2. HOUSEHOLD INFORMATION	1		'	
SECTION 2. HOUSEHOLD IN CHIMATION				
reporting the following information on the un <mark>its</mark> oc cup le maximum rent that can be charg <mark>ed</mark> to the household, a as necessary. Report informati <mark>on</mark> for each <mark>uni</mark> t tha <mark>t w</mark> ar	and the ac <mark>tua</mark> l rent. Use <mark>th</mark> e t	a <mark>ble</mark> b <mark>elo</mark> w to provide the r		
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be	Actual Rent Charged to
Address/Unit Number				Actual Rent Charged to the Tenant
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
Address/Unit Number			Rent That Can Be	Charged to
I certify (or declare) under penalty of perjury under	CERTIFIC the laws of the State of Calif	ATION ifornia that the foregoing a	Rent That Can Be Charged for the Unit	Charged to the Tenant
I certify (or declare) under penalty of perjury under any accompanying statements or	CERTIFIC The laws of the State of Caldocuments, is true, correct,	ATION ifornia that the foregoing a and complete to the best	Rent That Can Be Charged for the Unit and all information contain of my knowledge and be	Charged to the Tenant med herein, including lief.
I certify (or declare) under penalty of perjury under	CERTIFIC The laws of the State of Caldocuments, is true, correct,	ATION ifornia that the foregoing a	Rent That Can Be Charged for the Unit and all information contain of my knowledge and be	Charged to the Tenant

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 does not 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.

