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

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

Keith Taylor ASSESSOR OF VENTURA COUNTY

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assessor.countyofventura.org

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his is a Supplem	ental Affidavit filed with					
☐ BOE-2	BOE-267, Claim for Welfare Exemption (First Filing)					
☐ BOE-2	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
iability company certain limit if 90 by Section 50053 a taxpayer, with inust complete the of section 214(g)	claim, for low-income rental housing, that does not receive government percent or more of the occupants of the of the Health and Safety Code. The trespect to a single property or multiplais affidavit if you checked box C(3) in (1)(C). NTIFICATION OF APPLICANT AND	financing on the property otal exempt de propertie section 3 of the properties of th	r receive low- are lower inci ion amount a s, may not ex of form BOE-2	income housing tax of the come households whose lowed under Revenue ceed twenty million do 267-L indicating you an	credits, may qualities rent does not ex and Taxation Cod bllars (\$20,000,000	fy for exemption up to a ceed the rent prescribed le section 214(g)(1)(C) to l) in assessed value. You
lame of Organiza	ation				Corporate ID or L	LC Number
Address of Proper	rty (number and street)	Λ				
City, County, Zip C	Code	\mathcal{M}	////		As <mark>sessor's Parce</mark>	el/A <mark>ss</mark> essment Number(s)
reporting the follo maximum rent tha	f the Revenue and Taxation Code proving information on the units occupied lat can be charged to the household, and port information for each unit that was re-	by lower inc the actual re ported in Se	ome householent. Use the takection 4, part B	ds for which exemption ble below to provide the of form BOE-267-L.	is claimed: the actorequired information	ual household income, the n. Attach additional sheets
	Address/Unit Number		f Persons in ousehold	Annual Household Income	Maximum Allowa Rent That Can Charged for the	Be Charged to
			5	E!		
I certify (or de	eclare) under penalty of perjury under the any accompanying statements or do	e laws of the	CERTIFICA State of Califo	ornia that the foregoing	and all information of my knowledge a	contained herein, includir
NAME OF CLAIMAN		ТІТІ		DATE		
SIGNATURE OF CL	AIMANT		DAYTIME TELEP	HONE	EMAIL ADDRESS	3

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.

