BOE-267-L2 (P1) (06-17)

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

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YOLO COUNTY	ASSESSOR

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EMAIL ADDRESS

This claim 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 Fi	iling)			
In the case of a claim, for low-income rental housing propiliability company, that does not receive government financi certain limit if 90 percent or more of the occupants of the propy Section 50053 of the Health and Safety Code. The total et a taxpayer, with respect to a single property or multiple pmust complete this affidavit if you checked box C(3) in Section 5005 (1) (C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF APPL	ing or receive low-in perty are lower incon exemption amount al properties, may not ea on 3 of form BOE-26	ncome housing tax come households whose lowed under Revenuxceed ten million do 7-L indicating you are	redits, may qualify for e rent does not exceed le and Taxation Code s llars (\$10,000,000) in as	exemption up to a the rent prescribed section 214(g)(1)(C) ssessed value. You
Name of Organization	O		Corporate ID or LLC N	umber
Address of Property (number and street)				
SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Code praffidavit reporting the following information on the units occupi income, the maximum rent that can be charged to the household additional sheets as necessary. Report information for each unit	ied by lower income hold, and the actual ren	nou <mark>seholds for which</mark> nt. Use the table below	exemption is claimed: to provide the required	he actual household
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged	Actual Rent Charged
	OFFITIO -			
I certify (or declare) under penalty of perjury under the laws of any accompanying statements or documents		nia that the foregoing a		

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

DAYTIME TELEPHONE



SIGNATURE OF CLAIMANT

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.

