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

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

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625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 www.yolocounty.org

YOLO COUNTY ASSESSOR

**JOEL BUTLER** 

HOUSING — LOWER HOUSEHOLDS — TENANT DATA						
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 Filing)						

☐ BOE-267-A, Claim for Welfare Exemption (Annual	l Filing)					
In the case of a claim, for low-income rental housing proliability company, that does not receive government final certain limit if 90 percent or more of the occupants of the p by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple promust complete this affidavit if you checked box C(3) in Second section 214(g)(1)(C).	ncing or roperty a exempti roperties ction 3 o	receive low are lower inc on amount a s, may not ex f form BOE-2	-income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you ar	redit e rer and ollars	is, may qualify for it does not exceed Taxation Code see (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NIFICA	TION OF PI	ROPERTY			
Name of Organization				Co	rporate ID or LLC N	<mark>lu</mark> mber
Address of Property (number and street)  City, County, Zip Code		<b>A</b>				
SECTION 2. HOUSEHOLD INFORMATION  A. List of Qualified Households	V					
Section 259.14 of the California Revenue and Taxation Code an affidavit reporting the following information on the units or income, the maximum rent that can be charged to the house additional sheets as necessary. Report information for each units of the control of the contro	ccu <mark>pie</mark> d b ehold, an	y lowe <mark>r i</mark> ncor d the <mark>ac</mark> tual	ne ho <mark>us</mark> eho <mark>ld</mark> s for which rent. Use the table belo	n exe w to	mption is claimed: provide the require	the actual household
Address/Unit Number		Persons in usehold	Annual Household Income	R	kimum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant
			<b>L</b> :			
I certify (or declare) under penalty of perjury under the law	vs of the	CERTIFICA State of Califo	ornia that the foregoing a	and a	ll information conta	ined herein, including
I certify (or declare) under penalty of perjury under the law any accompanying statements or docum	vs of the	State of Califo	ornia that the foregoing a and complete to the best	and a	ll information conta y knowledge and b	ined herein, including elief.

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



# 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.

