This is a Supplemental Affidavit filed with

This claim is filed for fiscal year 20 \_\_\_\_ — 20 \_\_\_\_

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

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

COUNT	OF	ALA	MEDA
PHONG	LA,	ASSE	SSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-6587 Fax (510) 272-3803 www.acgov.org/assessor

BOE-267, Claim for Welfare Exemption (First	Filing)						
BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
ompany, that does not receive government in it if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple plet this affidavit if you checked box C(3) in 214(g)(1)(C).	financing or receive low- he property are lower inc- otal exemption amount a le properties, may not ex I Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you ar	credits, may qualify for se rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You			
of Organization			Corporate ID or LLC Number				
f Property (number and street)							
County, Zip Code			Assessor's Parcel/Assessment Number(s)				
2. HOUSEHOLD INFORMATION			I				
59.14 of the Revenue and Taxation Code provious file following information on the units occupied rent that can be charged to the household, and	by lower income househol the actual rent. Use the tal	ds for which exemption ole below to provide the	is claimed: the actual h	ousehold income, the			
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant			
fy (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the State of Califo	ornia that the foregoing	and all information conta of my knowledge and b	ained herein, including elief.			
CLAIMANT		LE		DATE			
RE OF CLAIMANT	DAYTIME TELEP	PHONE	EMAIL ADDRESS	1			
	BOE-267-A, Claim for Welfare Exemption (Anse of a claim, for low-income rental housing ompany, that does not receive government init if 90 percent or more of the occupants of the 150053 of the Health and Safety Code. The ter, with respect to a single property or multiplicate this affidavit if you checked box C(3) in 1214(g)(1)(C).  I. I. IDENTIFICATION OF APPLICANT AND Organization  If Property (number and street)  I. Y. Zip Code  I. Z. HOUSEHOLD INFORMATION  If Qualified Households  I. G. Households  I. G. Households  I. G. Households  I.	se of a claim, for low-income rental housing property, owned and o company, that does not receive government financing or receive low nit if 90 percent or more of the occupants of the property are lower inc in 50053 of the Health and Safety Code. The total exemption amount a r, with respect to a single property or multiple properties, may not explete this affidavit if you checked box C(3) in Section 3 of form BOE-2 in 214(g)(1)(C).  1.1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROTECTION OF APPLICANT O	BOE-267-A, Claim for Welfare Exemption (Annual Filling)  se of a claim, for low-income rental housing property, owned and operated by an eligible ompany, that does not receive government financing or receive low-income housing tax on it if 90 percent or more of the occupants of the property are lower income households whose no 50053 of the Health and Safety Code. The total exemption amount allowed under Revenue r, with respect to a single property or multiple properties, may not exceed twenty million de plete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you are 1214(g)(1)(C).  11. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  Drganization  12. HOUSEHOLD INFORMATION  13. Qualified Households  13. 14 of the Revenue and Taxation Code provides that claims on "qualified property" as describe the following information on the units occupied by lower income households for which exemption rent that can be charged to the household, and the actual rent. Use the table below to provide the arry. Report information for each unit that was reported in Section 4, part B of form BOE-267-L.  Address/Unit Number  No. of Persons in Household  No. of Persons in Household Income  CERTIFICATION  17. CERTIFICATION  18. OCCUPATION  19. Or declare) under penalty of perjury under the laws of the State of California that the foregoing any accompanying statements or documents, is true, correct, and complete to the best	BOE-267-A, Claim for Welfare Exemption (Annual Filing)  se of a claim, for low-income rental housing property, owned and operated by an elligible nonprofit organizatio company, that does not receive government financing or receive low-income housing tax credits, may qualify for it if 90 percent or more of the occupants of the property are lower income households whose rent does not exceed in 50053 of the Health and Safety Code. The total exemption amount allowed under Revenue and Taxation Code so, with respect to a single property or multiple properties, may not exceed twenty million dollars (\$20,000,000) in 1214(g)(1)(C).  11. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  Dirganization  Corporate ID or LLC 1  Ty, Zip Code  Assessor's ParcellAss  12. HOUSEHOLD INFORMATION  13. Indirect Additional Code provides that claims on "qualified property" as described in section 214.17 shie following information on the units occupied by lower income households for which exemption is claimed: the actual in rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. At any, Report information for each unit that was reported in Section 4, part B of form BOE-267-L.  Address/Unit Number  No. GERTIFICATION  (y (or declare) under penality of perjury under the laws of the State of California that the foregoing and all information conte any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and to Calmant			

# 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.

