This is a Supplemental Affidavit filed with

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

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

# James B Rooney **Assessor of Amador County**

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

BOE-267-A, Claim for Welfare Exemption (Annu- se of a claim, for low-income rental housing p	ıal Filing)			
214(g)(1)(C).	nancing or receive lo property are lower in al exemption amount properties, may not section 3 of form BOE	w-income housing tax of acome households whose allowed under Revenue exceed twenty million do a-267-L indicating you an	credits, may qualify for se rent does not exceed a and Taxation Code sec ollars (\$20,000,000) in a	exemption up to the rent prescribe ction 214(g)(1)(C) t ssessed value. Yo
Organization			Corporate ID or LLC Number	
Property (number and street)				
County, Zip Code			Assessor's Parcel/Assessment Number(s)	
2. HOUSEHOLD INFORMATION				
Qualified Households				
he following information on the units occupied by rent that can be charged to the household, and th	lower income househe actual rent. Use the orted in Section 4, part	olds for which exemption able below to provide the B of form BOE-267-L.	is claimed: the actual ho	usehold income, th
	Household	Income	Rent That Can Be Charged for the Unit	Charged to the Tenant
y (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the State of Ca	ifornia that the foregoing	and all information conta t of my knowledge and be	ined herein, includir elief.
CLAIMANT	Т	TLE		DATE
RE OF CLAIMANT	DAYTIME TEL	EPHONE	EMAIL ADDRESS	
in Shree	plete this affidavit if you checked box C(3) in S 214(g)(1)(C).  1. IDENTIFICATION OF APPLICANT AND ID Iganization  Property (number and street)  2. HOUSEHOLD INFORMATION  Qualified Households 9.14 of the Revenue and Taxation Code provide the following information on the units occupied by ent that can be charged to the household, and the part of the company information for each unit that was report inform	Detect this affidavit if you checked box C(3) in Section 3 of form BOE 214(g)(1)(C).  1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF Figanization  Property (number and street)  7. Zip Code  2. HOUSEHOLD INFORMATION  Qualified Households 9.14 of the Revenue and Taxation Code provides that claims on "qualine to following information on the units occupied by lower income househent that can be charged to the household, and the actual rent. Use the tary. Report information for each unit that was reported in Section 4, part  Address/Unit Number  No. of Persons in Household  CERTIFIC  (or declare) under penalty of perjury under the laws of the State of Cal any accompanying statements or documents, is true, correct,	Diete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you at 214(g)(1)(C).  1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  ganization  Property (number and street)  y, Zip Code  2. HOUSEHOLD INFORMATION  Qualified Households  9.14 of the Revenue and Taxation Code provides that claims on "qualified property" as describe te following information on the units occupied by lower income households for which exemption ent that can be charged to the household, and the actual rent. Use the table below to provide the rry. 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 Income  CERTIFICATION  Year of Control of Persons in Control of Persons in Household Income  CERTIFICATION  To 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 claimant.	plete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you are seeking exemption up 214(g)(1)(C).  1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  ganization  Corporate ID or LLC N  Property (number and street)  4. Zip Code  Assessor's Parcell/Ass  2. HOUSEHOLD INFORMATION  Qualified Households  9.14 of the Revenue and Taxation Code provides that claims on "qualified property" as described in section 214.17 sha le following information on the units occupied by lower income households for which exemption is claimed: the actual he ent that can be charged to the household, and the actual rent. Use the table below to provide the required information. Altary, 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  No. of Persons in Household  CERTIFICATION  **CORTIFICATION**  **CORTIFICATION*  **CORTIFICATION**  **CORTIFICATION**  *

# 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.

