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

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

# **Sendy Perez Assessor**

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

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

This is a S	Supplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Fil	ling)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lin by Sectio a taxpaye must com	se of a claim, for low-income rental housing prompany, that does not receive government fin nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The total or, with respect to a single property or multiple applete this affidavit if you checked box C(3) in S 1 214(g)(1)(C).	nancing or in property and al exemption properties,	receive low re lower inc n amount a may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	redits, may qualify for e rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
SECTION	I 1. IDENTIFICATION OF APPLICANT AND ID	ENTIFICAT	TION OF PI	ROPERTY			
Name of C	ame of Organization					Corporate ID or LLC Number	
Address o	f Property (number and street)						
City, Coun	County, Zip Code				Assessor's Parcel/Assessment Number(s)		
SECTION	I 2. HOUSEHOLD INFORMATION						
A. List of	f Qualified Households						
reporting t	59.14 of the Revenue and Taxation Code provide the following information on the units occupied by rent that can be charged to the household, and the sary. Report information for each unit that was reported.	lower incon e actual rent	ne househol t. Use the ta	ds for which exemption ble below to provide the	is claimed: the actual ho	usehold income, the	
	Address/Unit Number		Persons in sehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
l certit	fy (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the S	CERTIFICA tate of Califo ie, correct, a	ornia that the foregoing a	and all information contai of my knowledge and be	ned herein, including elief.	
NAME OF	CLAIMANT		ТІТ	.E		DATE	
SIGNATU	RE OF CLAIMANT		OAYTIME TELEF	HONE	EMAIL ADDRESS		
					UBLIC DISCLOSUE		

# 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.

