This claim is filed for fiscal year 20 ____ — 20 ____

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

Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

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Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

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

This is a S	upplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing ompany, that does not receive government fir it if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The tot r, with respect to a single property or multiple plete this affidavit if you checked box C(3) in \$ 214(g)(1)(C).	nancing or receive property are low all exemption am properties, may	ve low- ver inco ount al not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bilars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
SECTION	1. IDENTIFICATION OF APPLICANT AND ID	DENTIFICATION	OF PF	ROPERTY		
Name of O	of Organization				Corporate ID or LLC Number	
Address of	Property (number and street)					
City, Count	punty, Zip Code				Assessor's Parcel/Assessment Number(s)	
reporting t maximum	59.14 of the Revenue and Taxation Code provide he following information on the units occupied by rent that can be charged to the household, and th ary. Report information for each unit that was rep Address/Unit Number	/ lower income ho ne actual rent. Use	the tab , part B	ds for which exemption ble below to provide the	is claimed: the actual h	ousehold income, the
I certif	y (or declare) under penalty of perjury under the l any accompanying statements or docu	laws of the State o	TIFICA of Califo	_	and all information conta	
	NAME OF CLAIMANT			nd complete to the best	of my knowledge and b	elief.
NAME OF	CLAIMANT		TITL	nd complete to the best	of my knowledge and b	elief. DATE

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 does not 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.

