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

**Xochitl Marina Camacho Monterey County Assessor** 

P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

	BOE-267, Claim for Welfare Exemption (First Fi	ling)							
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
iability co certain lin by Section a taxpaye must com of section	te of a claim, for low-income rental housing prompany, that does not receive government fir nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The totry, with respect to a single property or multiple plete this affidavit if you checked box C(3) in S 214(g)(1)(C).	nancing o property al exempt propertie Section 3	or receive vare lower tion amou es, may no of form Bo	low-inco int allot exc OE-26	ncome housing tax of me households whose owed under Revenue eed twenty million do 37-L indicating you a	credi se rei e and ollars	ts, may qualify fo nt does not exceed Taxation Code se s (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
Name of Organization							Corporate ID or LLC Number		
 ∖ddress of	Property (number and street)								
City, Coun	ty, County, Zip Code						Assessor's Parcel/Assessment Number(s)		
SECTION	2. HOUSEHOLD INFORMATION								
eporting 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 reported the control of the control o	lower inc e actual re orted in Se No. o	ome hous ent. Use th	ehold e tabl art B o	s for which exemption e below to provide the	is clarequi	aimed: the actual h	ousehold income, the tach additional sheets  Actual Rent Charged to	
certif	y (or declare) under penalty of perjury under the la	aws of the	CERTIF			and a	all information conta	nined herein including	
any accompanying statements or documents, is true, cor				ect, and complete to the best of my knowledge and				DATE	
SIGNATUI	RE OF CLAIMANT DAYTIM				ONE		EMAIL ADDRESS		

# 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.

