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

CALIFORNIA

Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

his is a Supplemental Affidavit filed with							
☐ BOE-267, Claim for Welfare Exemption (First F	Filing)						
☐ BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)						
In the case of a claim, for low-income rental housing inability company, that does not receive government fixertain limit if 90 percent or more of the occupants of the ys Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).	inancing or receive property are low tal exemption am properties, may Section 3 of form	ve low- ver inco ount a not ex BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do .67-L indicating you ar	redi e rei and ollars	ts, may qualify for that does not exceed Taxation Code se to (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
ne of Organization				Corporate ID or LLC Number			
Address of Property (number and street)							
, County, Zip Code				As	Assessor's Parcel/Assessment Number(s)		
as necessary. Report information for each unit that was rep Address/Unit Number	No. of Perso Househo	ns in	of form BOE-267-L. Annual Household Income	R	ximum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State of	ΓΙΓΙCΑ of Califo	ornia that the foregoing	and a	all information conta y knowledge and b	ined herein, including elief.	
NAME OF CLAIMANT		.E	DATE				
SIGNATURE OF CLAIMANT	DAYTIM (HONE		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.

