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

AUFORNIA

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

☐ BOE-2	267, Claim for Welfare Exemption (First Fili	ng)				
☐ BOE-2	267-A, Claim for Welfare Exemption (Annua	al Filing)				
liability company certain limit if 90 by Section 50053 a taxpayer, with r	claim, for low-income rental housing p y, that does not receive government fina percent or more of the occupants of the B of the Health and Safety Code. The tota respect to a single property or multiple p his affidavit if you checked box C(3) in So (1)(C).	ancing or receive low property are lower in all exemption amount properties, may not e	v-income housing tax of come households whos allowed under Revenue xceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code second blars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
SECTION 1. IDE	NTIFICATION OF APPLICANT AND IDI	ENTIFICATION OF F	ROPERTY			
Name of Organiza	ame of Organization				Corporate ID or LLC Number	
Address of Proper	rty (number and street)					
City, County, Zip C	County, Zip Code				Assessor's Parcel/Assessment Number(s)	
SECTION 2. HO	USEHOLD INFORMATION			<u> </u>		
A. List of Qualifi	ied Households					
reporting the follomaximum rent that	f the Revenue and Taxation Code provides wing information on the units occupied by at can be charged to the household, and the port information for each unit that was repo Address/Unit Number	lower income househor actual rent. Use the to	olds for which exemption able below to provide the B of form BOE-267-L.	is claimed: the actual ho	ousehold income, the	
I certify (or de	eclare) under penalty of perjury under the la	CERTIFIC ws of the State of Cali				
	any accompanying statements or docur	ments is true correct	and complete to the best	and all information conta t of my knowledge and b	ined herein, including	
NAME OF CLAIMAN	any accompanying statements or docum	ments, is true, correct,	and complete to the besi	and all information conta t of my knowledge and b	ined herein, including 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 <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.

