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

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

110031110 — LOWER INCOME 11003E110ED3 — TENANT D							
This claim is filed for fiscal year 20 — 20							
This is a S	supplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Filing)						
	BOF-267-A Claim for Welfare Exemption (Annual Filing)						

Chris Wilhite Assessor-Recorder-County Clerk

San Bernardino County Assessor's Office 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov

Phone: (909) 387-8307 Toll Free: (877) 885-7654

In the case of a claim, for low-income rental housing pr liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the p by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple p must complete this affidavit if you checked box C(3) in Se of section 214(g)(1)(C).	ncing o property exempt ropertie	r receive lov are lower in ion amount s, may not e	v-income housing tax of come households whos allowed under Revenue xceed twenty million do	redi e rei and ollars	ts, may qualify for 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
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NTIFIC	ATION OF P	ROPERTY	0-	was a water ID and I I CA	durah an
vaine of Organization	Corporate ID or LLC Number					
Address of Property (number and street)						
City, County, Zip Code	Assessor's Parcel/Assessment Number(s)					
SECTION 2. HOUSEHOLD INFORMATION				<u> </u>		
A. List of Qualified Households						
Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by least maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was reporting.	ower inc actual re	ome househo	olds for which exemption able below to provide the	is cla	aimed: the actual he	ousehold income, the
Address/Unit Number	No. of Persons in Household		Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit		Actual Rent Charged to the Tenant
I certify (or declare) under penalty of perjury under the law any accompanying statements or docum	ws of the nents, is	CERTIFIC State of Cali true, correct,	fornia that the foregoing a	and a	all information conta by knowledge and b	nined herein, including elief.
NAME OF CLAIMANT TITLE						DATE
SIGNATURE OF CLAIMANT	DAYTIME TELE	PHONE		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.

