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

OF SANA	
CALIFORNIA	

# MARK CHURCH Assessor - County Clerk - Recorder

555 County Center Redwood City, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov web: www.smcacre.gov

☐ BOE-267, Claim for Welfare Exemption (Fire	st Filing)				
☐ BOE-267-A, Claim for Welfare Exemption (A	Annual Filing)				
the case of a claim, for low-income rental housing bility company, that does not receive government of the occupants of the occupants of the section 50053 of the Health and Safety Code. The taxpayer, with respect to a single property or multiust complete this affidavit if you checked box C(3) is section 214(g)(1)(C).	nt financing or receive low- f the property are lower inco e total exemption amount a ciple properties, may not ex in Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 167-L indicating you ar	credits, may qualify for one created to exceed to and Taxation Code sectollars (\$20,000,000) in as	exemption up to he rent prescribe tion 214(g)(1)(C) to sessed value. Yo	
e of Organization			Corporate ID or LLC Number		
ddress of Property (number and street)					
ty, County, Zip Code		Assessor's Parcel/Assessment Number(s)			
s necessary. Report information for each unit that was  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 any accompanying statements or a	CERTIFICA the laws of the State of Califo	ornia that the foregoing	and all information contain	ned herein, includii	
NAME OF CLAIMANT	TITI	·		DATE	
SIGNATURE OF CLAIMANT	DAYTIME TELEP	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.

