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

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257

County Clerk-Recorder-Assessor

**Shanna White** 

Fax: (530) 623-8398 assessor@trinitycounty.org

☐ BOE-267, Claim for Welfare Exemption (First Fili	ing)						
BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
In the case of a claim, for low-income rental housing p liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple p must complete this affidavit if you checked box C(3) in So of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND IDI	ancing or property all exempti properties ection 3 c	receive low are lower ind ion amount a s, may not ex of form BOE-	-income housing tax of come households whose illowed under Revenue acced twenty million do 267-L indicating you ar	credit se ren and ollars	s, may qualify for t does not exceed Taxation Code sec (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
me of Organization				Со	Corporate ID or LLC Number		
Address of Property (number and street)							
y, County, Zip Code				Assessor's Parcel/Assessment Number(s)			
SECTION 2. HOUSEHOLD INFORMATION  A. List of Qualified Households  Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by maximum rent that can be charged to the household, and the	lower inco actual re	ome househo nt. Use the ta	lds for which exemption ble below to provide the	is cla	imed: the actual ho	ousehold income, the	
as necessary. Report information for each unit that was repo  Address/Unit Number	No. of	ction 4, part E FPersons in ousehold	Annual Household Income	Re	timum Allowable nt That Can Be rged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under the la any accompanying statements or docur	aws of the ments, is t	CERTIFICA State of California, correct, a		and a	ll information conta v knowledge and be	ined herein, including elief.	
NAME OF CLAIMANT	-, , ,	тіт			J. 1 L. 1	DATE	
SIGNATURE OF CLAIMANT		DAYTIME TELEPHONE  ( )			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.

