

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
 HOUSING – ELDERLY OR HANDICAPPED FAMILIES**

This Claim is Filed for Fiscal Year 20 ____ — 20 ____ .

This is a Supplemental Affidavit filed with

- BOE-267, Claim for Welfare Exemption (First Filing)
- BOE-267-A, Claim for Welfare Exemption (Annual Filing)

Section 1. Identification of Applicant

Name of Organization	
Mailing Address (number and street)	Corporate ID or LLC Number
City, State, Zip Code	

Organizational Clearance Certificate (OCC) No. _____ (Provide copy of certificate with this claim if first filing). If you do not have an OCC, have you filed a claim for an OCC with the BOE?

- Yes No

If No, see instructions for information on obtaining an OCC claim form.

Section 2. Identification of Property

Address of property (number and street)	Assessor's Parcel/Assessment Number(s)
City, County, Zip Code	Date Property Acquired

Section 3. Household Information

A. Eligibility Based on Family Household Income

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing there do not exceed amounts listed below:

NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME
1		4		7	
2		5		8	
3		6			

Note: If a dollar amount is not entered for each number of persons, contact the County Assessor for the figures. The amounts are different for each county and change annually.

In order to qualify all or a portion of the property for the exemption, you must have: (1) a signed statement for each family that qualifies (you should keep the statement for future audits); and (2) you must complete the report on pages 2 and 3 of this claim.

<p>FOR ASSESSOR'S USE ONLY</p> <p>Received by _____ <small>(Assessor's designee)</small></p> <p>of _____ on _____ <small>(county or city) (date)</small></p>	<p>Whom should we contact during normal business hours for additional information?</p> <p>NAME _____</p> <p>DAYTIME TELEPHONE _____ <small>()</small></p> <p>EMAIL ADDRESS _____</p>
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