This claim is filed for fiscal year 20 ____ - 20 ___

BOE-267-L2 (P1) REV 02 (05-19)

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

James B Rooney
Assessor of Amador County

EMAIL ADDRESS

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

This is a S	Supplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First	Filing)				
	BOE-267-A, Claim for Welfare Exemption (An	DE-267-A, Claim for Welfare Exemption (Annual Filing)				
liability c certain lir by Section a taxpayer must come of section	se of a claim, for low-income rental housing company, that does not receive government mit if 90 percent or more of the occupants of ton 50053 of the Health and Safety Code. The ter, with respect to a single property or multip nplete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing or receive low- he property are lower inc- otal exemption amount a le properties, may not ex n Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you an	credits, may qualify for e te rent does not exceed the and Taxation Code sect collars (\$20,000,000) in as	exemption up to a the rent prescribed ion 214(g)(1)(C) to sessed value. You	
Name of Organization				Corporate ID or LLC Number		
Address o	of Property (number and street)					
City, Coun	nty, Zip Code					
an affidav income, tl	259.14 of the California Revenue and Taxation of treporting the following information on the unit he maximum rent that can be charged to the half sheets as necessary. Report information for each	ts occupied by lower incon ousehold, and the actual r	ne households for which ent. Use the table belo	n exemption is claimed: the way to provide the required m BOE-267-L. Maximum Allowable Rent That Can Be	e actual household information. Attach Actual Rent Charged to	
				Charged for the Unit	the Tenant	
		CERTIFICA	TION			
I certii	ify (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the State of Califo	ornia that the foregoing	and all information contain of my knowledge and beli	ed herein, including ief.	
NAMEOF	E OF CLAIMANT TITLE			DATE		

DAYTIME TELEPHONE

SIGNATURE OF CLAIMANT

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 and county in which the property is located.

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.

