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

Larie Durham Calaveras County Assessor

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☐ BOE-267, Claim for Welfare Exemption (First	t Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (Ar	nnual Filing)			
In the case of a claim, for low-income rental housin iability company, that does not receive government certain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The a taxpayer, with respect to a single property or multipmust complete this affidavit if you checked box C(3) is of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND	financing or receive the property are lower total exemption amou ble properties, may no n Section 3 of form BC	low-income housing tax of income households whose tax of income households whose tax of the second tax of the second tax of the second income tax	credits, may qualify for se rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You
ame of Organization			Corporate ID or LLC Number	
Address of Property (number and street)				
ty, County, Zip Code			Assessor's Parcel/Assessment Number(s)	
Section 259.14 of the Revenue and Taxation Code prove reporting the following information on the units occupied maximum rent that can be charged to the household, and as necessary. Report information for each unit that was report informatio	by lower income house I the actual rent. Use the	eholds for which exemption e table below to provide the art B of form BOE-267-L.	is claimed: the actual he	ousehold income, the
	CERTIF	ICATION		
I certify (or declare) under penalty of perjury under th any accompanying statements or do	e laws of the State of Cocuments, is true, corre	ct, and complete to the bes	and all information conta t of my knowledge and b	elief.
NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME T	ELEPHONE	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.

