BOE-267-L2 (P1) (06-17)

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

Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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)					
In the case of a claim, for low-income rental housing property, owned and operated by a liability company, that does not receive government financing or receive low-income hou certain limit if 90 percent or more of the occupants of the property are lower income househ by Section 50053 of the Health and Safety Code. The total exemption amount allowed und to a taxpayer, with respect to a single property or multiple properties, may not exceed ten must complete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicat of section 214(g)(1)(C).	using tax credits, may qualify for exemption up to a colds whose rent does not exceed the rent prescribed der Revenue and Taxation Code section 214(g)(1)(C) million dollars (\$10,000,000) in assessed value. You				
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY					
Name of Organization	Corporate ID or LLC Number				
Address of Property (number and street)					
City, County, Zip Code					
SECTION 2. HOUSEHOLD INFORMATION					
A. List of Qualified Households					
Section 259.14 of the California Revenue and Taxation Code provides that claims on "qualified paffidavit reporting the following information on the units occupied by lower income households income, the maximum rent that can be charged to the household, and the actual rent. Use the additional sheets as necessary. Report information for each unit that was reported in Section 4. or	for which exemption is claimed: the actual household table below to provide the required information. Attach				

Address/Unit Number

No. of Persons in Household
Income

No. of Persons in Household
Income

Maximum Allowable Rent That Can Be Charged

Charged

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

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NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEPHONE		EMAIL ADDRESS	
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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.

