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

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 i	is filed for fiscal year 20 — 20
This is a Su	upplemental Affidavit filed with
	BOE-267, Claim for Welfare Exemption (First Filing)
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)

☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)	
liability company, that does not receive government financing or rece certain limit if 90 percent or more of the occupants of the property are lo by Section 50053 of the Health and Safety Code. The total exemption ar a taxpayer, with respect to a single property or multiple properties, may	d and operated by an eligible nonprofit organization or eligible limited ive low-income housing tax credits, may qualify for exemption up to a wer income households whose rent does not exceed the rent prescribed nount allowed under Revenue and Taxation Code section 214(g)(1)(C) to y not exceed twenty million dollars (\$20,000,000) in assessed value. You n BOE-267-L indicating you are seeking exemption under the provisions
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION	I 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	
an affidavit reporting the following information on the units occupied by low	t claims on "qualified property" as described in section 214.17 shall include er income households for which exemption is claimed: the actual household

income, the maximum rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. Attach additional sheets as necessary. Report information for each unit that was reported in Section 4, part B of form BOE-267-L.

Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant

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.

,,,,,,	,	,	,	
NAME OF CLAIMANT	TITLE		DATE	
SIGNATURE OF CLAIMANT	DAYTIME TI	ELEPHONE	EMAIL ADDRESS	

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.

