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

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 is a S	Supplemental Affidavit filed with						
	☐ BOE-267, Claim for Welfare Exemption (First Filing)						
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lin by Section a taxpaye must com of section	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple inplete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing or ne property otal exempt te properties section 3 o	r receive l are lower ion amou s, may no of form BC	low-income housing tax income households who nt allowed under Revenu t exceed twenty million d DE-267-L indicating you a	credits, may qualify for se rent does not exceet e and Taxation Code so ollars (\$20,000,000) in	or exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You	
	ame of Organization					Corporate ID or LLC Number	
Address of	f Property (number and street)						
City, Coun	unty, Zip Code				Assessor's Parcel/Assessment Number(s)		
maximum	the following information on the units occupied by rent that can be charged to the household, and seary. Report information for each unit that was re Address/Unit Number	the actual reported in Se	nt. Use the	e table below to provide the art B of form BOE-267-L.		Actual Rent Charged to	
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	e laws of the cuments, is t	State of C	ICATION california that the foregoing	and all information cont t of my knowledge and	ained herein, including belief.	
NAME OF CLAIMANT				TITLE	DATE		
SIGNATUI	OF CLAIMANT		DAYTIME TI	ELEPHONE	EMAIL ADDRESS	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.

