BOE-267-L2 (P1) REV. 01 (12-18)

### Jennifer Perry, Assessor County of Del Norte

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

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 preliability company, that does not receive government final certain limit if 90 percent or more of the occupants of the play Section 50053 of the Health and Safety Code. The totat to a taxpayer, with respect to a single property or multip You must complete this affidavit if you checked box C(provisions of section 214(g)(1)(C).	ncing o property al exemp le prope	r receive low- are lower inco otion amount erties, may no	income housing tax of ome households whos allowed under Revenu t exceed twenty millio	redi e rei ie ar n do	ts, may qualify for nt does not exceed nd Taxation Code Ilars (\$20,000,000	r exemption up to a I the rent prescribed section 214(g)(1)(C) ) in assessed value.	
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NTIFIC	ATION OF PE	ROPERTY				
Name of Organization				Co	Corporate ID or LLC Number		
Address of Property (number and street)							
City, County, Zip Code							
A. List of Qualified Households  Section 259.14 of the California Revenue and Taxation Code affidavit reporting the following information on the units occ income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each units of the control of the contro	upied by ehold, a	lower income of the lower income	e households for which ent. Use the table belo	exei w to	nption is claimed: provide the require	the actual household	
Address/Unit Number		f Persons in ousehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged	Actual Rent Charged		
I certify (or declare) under penalty of perjury under the law any accompanying statements or docum	ws of the nents, is	CERTIFICA State of Califo true, correct, a	ornia that the foregoing a	and a	all information conta by knowledge and b	nined herein, including elief.	
NAME OF CLAIMANT TITLE						DATE	
SIGNATURE OF CLAIMANT		DAYTIME TELEPHONE  ( )			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.* 

