This claim is filed for fiscal year 20 \_\_\_\_ — 20 \_\_\_\_

BOE-267-L2 (P1) REV 03 (05-21)

# OF DRIVE

#### Jennifer Perry, Assessor County of Del Norte

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

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

	pplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First	Filing)			
	BOE-267-A, Claim for Welfare Exemption (An	nual Filing)			
ability cor ertain limi y Section taxpayer, nust comp f section 2	e of a claim, for low-income rental housing mpany, that does not receive government it if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The to with respect to a single property or multiplete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing or receive low- he property are lower inco otal exemption amount al le properties, may not ex n Section 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se collars (\$20,000,000) in a	r exemption up to a d the rent prescribed ction 214(g)(1)(C) to assessed value. You
ame of Or	me of Organization			Corporate ID or LLC Number	
ddress of F	Property (number and street)				
ity, County	ounty, Zip Code			Assessor's Parcel/Assessment Number(s)	
	ent that can be charged to the household, and		The first constant and a district file of		·
s necessa	ry. Report information for each unit that was re  Address/Unit Number		•	Maximum Allowable Rent That Can Be Charged for the Unit	·
s necessa	ry. Report information for each unit that was re	No. of Persons in	of form BOE-267-L.  Annual Household	Maximum Allowable Rent That Can Be	Actual Rent Charged to
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	ry. Report information for each unit that was re	No. of Persons in Household  CERTIFICA er laws of the State of California	Annual Household Income  TION  Trion that the foregoing and the state of the state	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
	Address/Unit Number  Address/Unit Number	No. of Persons in Household  CERTIFICA er laws of the State of California	Annual Household Income  TION  rnia that the foregoing and complete to the best	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant

## 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.

