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

PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RECORDER

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 https://assessor.fresnocountyca.gov/

This is a S	upplemental Affidavit filed with							
	BOE-267, Claim for Welfare Exemption (First Filing)							
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
liability co certain lim by Sectior a taxpayer must com	e of a claim, for low-income rental housing ompany, that does not receive government it if 90 percent or more of the occupants of a 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3) 214(g)(1)(C).	t financing of the property total exempt ple properties	r receive loware in are lower in ion amount s, may not e	w-income housing tax of acome households who allowed under Revenue exceed twenty million do	credit se ren e and ollars	s, may qualify for it does not exceed Taxation Code se (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
	1. IDENTIFICATION OF APPLICANT AND	D IDENTIFICA	ATION OF F	PROPERTY				
Name of O	lame of Organization					Corporate ID or LLC Number		
Address of	Property (number and street)							
City, Count	ounty, Zip Code					Assessor's Parcel/Assessment Number(s)		
Section 25 reporting t maximum	Qualified Households  9.14 of the Revenue and Taxation Code protein the following information on the units occupied rent that can be charged to the household, anary. Report information for each unit that was  Address/Unit Number	d by lower inco d the actual re reported in Se	ome househ nt. Use the t	olds for which exemption able below to provide the B of form BOE-267-L.	is cla requi	imed: the actual ho	ousehold income, the	
		Н	ousehold	Income	1 -	ent That Can Be arged for the Unit	Charged to the Tenant	
			CERTIFIC	PATION				
I certify	γ (or declare) under penalty of perjury under ti any accompanying statements or d	he laws of the locuments, is t	CERTIFIC State of Cal rue, correct,	ifornia that the foregoing	and a	ll information conta y knowledge and b	ined herein, including elief.	
NAME OF CLAIMANT				ITLE			DATE	
SIGNATUR	RE OF CLAIMANT	DAYTIME TELI	EPHONE		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.

