This claim is filed for fiscal year 20 ____ — 20 ____

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

Sendy Perez Assessor

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402

Fax: (530) 934-6571

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

| BOE-267, Claim for Welfare Exemption (First Fil | i\ | | | | |
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| DOE 007 A Object for Welfers From the (Assess | ing) | | | | |
| ☐ BOE-267-A, Claim for Welfare Exemption (Annual) | ıal Filing) | | | | |
| the case of a claim, for low-income rental housing polity company, that does not receive government fin tain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The total expayer, with respect to a single property or multiple st complete this affidavit if you checked box C(3) in Section 214(g)(1)(C). | nancing or receive low- property are lower incoming al exemption amount al properties, may not ex- section 3 of form BOE-2 | income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you ar | redits, may qualify for e rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a | exemption up to the rent prescribe ction 214(g)(1)(C) t ssessed value. Yo | |
| e of Organization | | | Corporate ID or LLC Number | | |
| dress of Property (number and street) | | | | | |
| /, County, Zip Code | | | | Assessor's Parcel/Assessment Number(s) | |
| ction 259.14 of the Revenue and Taxation Code provide orting the following information on the units occupied by ximum rent that can be charged to the household, and the necessary. Report information for each unit that was reported to the household. Address/Unit Number | lower income household e actual rent. Use the tab | ds for which exemption le below to provide the | is claimed: the actual ho | ousehold income, the ach additional shee Actual Rent Charged to | |
| | | | | the Tenant | |
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| | | | | the Tenant | |
| I certify (or declare) under penalty of perjury under the la any accompanying statements or docu | | rnia that the foregoing a | | ined herein, includi | |
| I certify (or declare) under penalty of perjury under the la any accompanying statements or docu | aws of the State of Califo | rnia that the foregoing a nd complete to the best | of my knowledge and be | ined herein, includir | |



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.

