BOE-267-L2 (P1) (06-17)

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

Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
BOE-267, Claim for Welfare Exemption (First Filir	ng)			
☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)				
In the case of a claim, for low-income rental housing pr liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the pby Section 50053 of the Health and Safety Code. The tota to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in Se of section 214(g)(1)(C).	ncing or receive low property are lower inc al exemption amount e properties, may no	i-income housing tax of come households whos allowed under Revenut t exceed ten million do	redits, may qualify for e rent does not exceed ue and Taxation Code s llars (\$10,000,000) in a	exemption up to a the rent prescribed section 214(g)(1)(C) ssessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	ENTIFICATION OF P	ROPERTY		
lame of Organization			Corporate ID or LLC Number	
Address of Property (number and street)				
City, County, Zip Code				
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 house additional sheets as necessary. Report information for each understand the control of the contro	upied by lower incom ehold, and the actual	e households for which rent. Use the table below	exemption is claimed: two to provide the require	the actual household
I certify (or declare) under penalty of perjury under the law any accompanying statements or docum	CERTIFICA ws of the State of Californian correct, a	ornia that the foregoing a	and all information conta of my knowledge and be	ined herein, including elief.
NAME OF CLAIMANT	TIT	LE		DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEF	PHONE	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 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.

