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

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

# Kristine Lee Kings County Assessor

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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

his is a Supplem	nental Affidavit filed with					
BOE-	267, Claim for Welfare Exemption	n (First Filing)				
☐ BOE-	267-A, Claim for Welfare Exempti	ion (Annual Filing)				
ability company ertain limit if 90 y Section 50053 taxpayer, with	claim, for low-income rental hy, that does not receive govern percent or more of the occupan 3 of the Health and Safety Code. respect to a single property or his affidavit if you checked box ()(1)(C).	nment financing or receive longs of the property are lower in The total exemption amoun multiple properties, may not	w-income housing tax ncome households who t allowed under Revenu exceed twenty million d	credits, may qualify for se rent does not exceed e and Taxation Code sec ollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
	ENTIFICATION OF APPLICANT	AND IDENTIFICATION OF	PROPERTY			
ame of Organiza	me of Organization				Corporate ID or LLC Number	
ddress of Prope	rty (number and street)					
ity, County, Zip C	Asses				sessor's Parcel/Assessment Number(s)	
Section 259.14 of eporting the follo	fied Households  If the Revenue and Taxation Code  owing information on the units occ	cupied by lower income housel	nolds for which exemption	n is claimed: the actual ho	usehold income, the	
ection 259.14 of eporting the follonaximum rent the	f the Revenue and Taxation Code	cupied by lower income houseld, and the actual rent. Use the	nolds for which exemption table below to provide the t B of form BOE-267-L.	n is claimed: the actual ho	usehold income, the	
ection 259.14 of eporting the follonaximum rent that	of the Revenue and Taxation Code owing information on the units occur at can be charged to the househol oport information for each unit that	cupied by lower income houseld, and the actual rent. Use the was reported in Section 4, par	nolds for which exemption table below to provide the t B of form BOE-267-L.  Annual Household	m is claimed: the actual hose required information. Attained  Maximum Allowable Rent That Can Be	usehold income, the ach additional sheets Actual Rent Charged to	
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ection 259.14 or eporting the follo eaximum rent that is necessary. Re	of the Revenue and Taxation Code owing information on the units occ at can be charged to the househol oport information for each unit that Address/Unit Number	cupied by lower income houseld, and the actual rent. Use the was reported in Section 4, par  No. of Persons in Household  CERTIFIE	cation  Cation  Cation  Indicate the search of the search	Maximum Allowable Rent That Can Be Charged for the Unit	usehold income, the ach additional sheet Actual Rent Charged to the Tenant	
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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, 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.

