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

BOE-267-L2 (P1) REV 02 (05-19)

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

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<b>County Assessor-Recorder</b>
Lake County Courthouse
OFF N. J. F. J. Ot. J.

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

EMAIL ADDRESS

Fax: 707-263-3703

**Richard Ford** 

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 Section a taxpayer must com	e of a claim, for low-income rental housing impany, 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) i 214(g)(1)(C).	financing or receive low the property are lower inc total exemption amount a ple properties, may not ex	-income housing tax of come households whos illowed under Revenue acceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
	1. IDENTIFICATION OF APPLICANT AND	DIDENTIFICATION OF PI	ROPERTY	0 10 1101		
Name of Organization				Corporate ID or LLC Number		
Address of	Property (number and street)					
City, Count	y, Zip Code					
Section 25 an affidavi income, th	Qualified Households 69.14 of the California Revenue and Taxation treporting the following information on the une maximum rent that can be charged to the sheets as necessary. Report information for each	its occupied by lower incor household, and the actual	ne households for which rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household	
	Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certify	y (or declare) under penalty of perjury under th any accompanying statements or de	CERTIFICA ne laws of the State of Califo ocuments, is true, correct, a	ornia that the foregoing	and all information conta	ained herein, including selief.	
NAME OF 0		TIT		DATE		

DAYTIME TELEPHONE

SIGNATURE OF CLAIMANT

# 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.

