This is a Supplemental Affidavit filed with

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

Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

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

Fax: 707-263-3703

	Filing)						
☐ BOE-267-A, Claim for Welfare Exemption (Ar	nnual Filing)						
the case of a claim, for low-income rental housing ability company, that does not receive government ertain limit if 90 percent or more of the occupants of ty Section 50053 of the Health and Safety Code. The taxpayer, with respect to a single property or multipust complete this affidavit if you checked box C(3) in a section 214(g)(1)(C).	financing o the property total exempt ole propertie n Section 3	or receive are lower tion amou es, may no of form B0	low-income housing tax income households who nt allowed under Revenu t exceed twenty million of DE-267-L indicating you	credi se re e and dollars	ts, may qualify fo nt does not exceed Taxation Code se s (\$20,000,000) in a	r exemption up to a d the rent prescribed ction 214(g)(1)(C) to assessed value. You	
ime of Organization					Corporate ID or LLC Number		
ddress of Property (number and street)							
ty, County, Zip Code					Assessor's Parcel/Assessment Number(s)		
List of Qualified Households ection 259.14 of the Revenue and Taxation Code provide porting the following information on the units occupied eaximum rent that can be charged to the household, and is necessary. Report information for each unit that was reached. Address/Unit Number	by lower inc the actual re eported in Se No. o	ome house ent. Use th	eholds for which exemption e table below to provide that B of form BOE-267-L.	n is classe required Ma	aimed: the actual h	ousehold income, the	
I certify (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the	State of C	ICATION Salifornia that the foregoing	g and a	all information conta	ined herein, includir	
AME OF CLAIMANT			TITLE			DATE	
SIGNATURE OF CLAIMANT		DAYTIME T	 ELEPHONE		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.

