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

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

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

**Brett Frazier Madera County Assessor** 

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

This is a Supplemental Affidavit filed with						
	otion (First Filing)					
BOE-267-A, Claim for Welfare Exer	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
In the case of a claim, for low-income rentaliability company, that does not receive govertain limit if 90 percent or more of the occuby Section 50053 of the Health and Safety Coataxpayer, with respect to a single property must complete this affidavit if you checked to section 214(g)(1)(C).	vernment financing of pants of the property ode. The total exempt or multiple propertie	or receive lower are lower tion amounts, may no	low-income housing tax income households who nt allowed under Revenu t exceed twenty million o	credits, may qualify to see rent does not exceed e and Taxation Code stollars (\$20,000,000) in	for exemption up to a ed the rent prescribed section 214(g)(1)(C) to a assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICA	ANT AND IDENTIFIC	ATION OF	PROPERTY			
Name of Organization	f Organization				Corporate ID or LLC Number	
Address of Property (number and street)						
City, County, Zip Code	nty, Zip Code				Assessor's Parcel/Assessment Number(s)	
maximum rent that can be charged to the house as necessary. Report information for each unit to Address/Unit Number	that was reported in Se		art B of form BOE-267-L.	Maximum Allowable Rent That Can Be Charged for the Un	Actual Rent Charged to	
I certify (or declare) under penalty of perjury any accompanying statem	y under the laws of the	State of C	ICATION Salifornia that the foregoing	and all information const of my knowledge and	tained herein, includinç belief.	
NAME OF CLAIMANT				TITLE		
SIGNATURE OF CLAIMANT		DAYTIME TE	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.

