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

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

COUNT O Main V

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542

ASSESSOR-RECORDER-COUNTY CLERK

SHELLY SCOTT

www.marincounty.gov

A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was repo Address/Unit Number	lower income household actual rent. Use the tab	ds for which exemption ble below to provide the	is claimed: the actual ho	usehold income, the
Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by maximum rent that can be charged to the household, and the	lower income household actual rent. Use the tab	ds for which exemption ble below to provide the	is claimed: the actual ho	usehold income, the
A. List of Qualified Households		والمستقد والمستقد والمستقد والمستقد والمستقد المستقد المستقد المستقد المستقد والمستقد والمست	ed in section 214.17 sha	Il include on offidavi
SECTION 2. HOUSEHOLD INFORMATION				
City, County, Zip Code			Assessor's Parcel/Assessment Number(s)	
Address of Property (number and street)				
Name of Organization			Corporate ID or LLC Number	
liability company, that does not receive government fincertain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple pmust complete this affidavit if you checked box C(3) in Sof section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION	ancing or receive low- property are lower inco Il exemption amount al properties, may not ex ection 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code sec llars (\$20,000,000) in a	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You
☐ BOE-267-A, Claim for Welfare Exemption (Annual In the case of a claim, for low-income rental housing p	σ,	perated by an eligible	nonprofit organization	or eligible limited
BOE-267, Claim for Welfare Exemption (First Fili	0,			
DOE 007 Object for Welfers Freewarting /First Fill				

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I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME T	 ELEPHONE	EMAIL ADDRESS	

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.

