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

CORPO AMAN CORPO AMAN

SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

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

| BOE-267, Claim for Welfare Exemption (First | t Filing) | | | | |
|---|--|--|---|---|---|
| BOE-267-A, Claim for Welfare Exemption (A | nnual Filing) | | | | |
| company, that does not receive government mit if 90 percent or more of the occupants of on 50053 of the Health and Safety Code. The er, with respect to a single property or multi | t financing o the property total exempt ple propertie | r receive low- are lower ince ion amount al s, may not ex | income housing tax of ome households whos llowed under Revenue ceed twenty million do | credits, may qualify for se rent does not exceed and Taxation Code se ollars (\$20,000,000) in a | r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You |
| N 1. IDENTIFICATION OF APPLICANT AND | DIDENTIFIC | ATION OF PR | ROPERTY | | |
| e of Organization | | | | Corporate ID or LLC Number | |
| of Property (number and street) | | | | | |
| y, County, Zip Code | | | | Assessor's Parcel/Assessment Number(s) | |
| N 2. HOUSEHOLD INFORMATION | | | | | |
| f Qualified Households | | | | | |
| the following information on the units occupied rent that can be charged to the household, an sary. Report information for each unit that was | d by lower inc d the actual re reported in Se | ome househole ent. Use the tab ection 4, part B | ds for which exemption ble below to provide the of form BOE-267-L. | is claimed: the actual he required information. Att | ousehold income, the tach additional sheets |
| Address/Unit Number | | | Income | Rent That Can Be Charged for the Unit | Actual Rent Charged to the Tenant |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ify (or declare) under penalty of perjury under to any accompanying statements or d | he laws of the | CERTIFICA State of Califortrue, correct, a | ornia that the foregoing | and all information conta | ined herein, including |
| ify (or declare) under penalty of perjury under to any accompanying statements or d | he laws of the | State of Califo | ornia that the foregoing and complete to the best | and all information conta t of my knowledge and b | ined herein, including elief. |
| | se of a claim, for low-income rental housing company, that does not receive government if 90 percent or more of the occupants of an 50053 of the Health and Safety Code. The er, with respect to a single property or multinplete this affidavit if you checked box C(3) in 214(g)(1)(C). N. 1. IDENTIFICATION OF APPLICANT AND Organization of Property (number and street) of Property (number and street) of Qualified Households 159.14 of the Revenue and Taxation Code protent following information on the units occupied a rent that can be charged to the household, and | company, that does not receive government financing of mit if 90 percent or more of the occupants of the property on 50053 of the Health and Safety Code. The total exempter, with respect to a single property or multiple propertie inplete this affidavit if you checked box C(3) in Section 3 on 214(g)(1)(C). N. 1. IDENTIFICATION OF APPLICANT AND IDEN | se of a claim, for low-income rental housing property, owned and ocompany, that does not receive government financing or receive low-mit if 90 percent or more of the occupants of the property are lower income 50053 of the Health and Safety Code. The total exemption amount all er, with respect to a single property or multiple properties, may not exemplete this affidavit if you checked box C(3) in Section 3 of form BOE-2 in 214(g)(1)(C). N. 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY (number and street) of Property (number and street) nty, Zip Code N. 2. HOUSEHOLD INFORMATION of Qualified Households 159.14 of the Revenue and Taxation Code provides that claims on "qualified the following information on the units occupied by lower income households arent that can be charged to the household, and the actual rent. Use the table sary. Report information for each unit that was reported in Section 4, part B | se of a claim, for low-income rental housing property, owned and operated by an eligible company, that does not receive government financing or receive low-income housing tax or mit if 90 percent or more of the occupants of the property are lower income households whose the 50053 of the Health and Safety Code. The total exemption amount allowed under Revenue are, with respect to a single property or multiple properties, may not exceed twenty million do in plete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you are a 214(g)(1)(C). N. 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY Organization of Property (number and street) of Qualified Households 159.14 of the Revenue and Taxation Code provides that claims on "qualified property" as describe the following information on the units occupied by lower income households for which exemption is rent that can be charged to the household, and the actual rent. Use the table below to provide the sary. Report information for each unit that was reported in Section 4, part B of form BOE-267-L. Address/Unit Number No. of Persons in Annual Household | se of a claim, for low-income rental housing property, owned and operated by an eligible nonprofit organization company, that does not receive government financing or receive low-income housing tax credits, may qualify for mit if 90 percent or more of the occupants of the property are lower income households whose rent does not exceed to 50053 of the Health and Safety Code. The total exemption amount allowed under Revenue and Taxation Code se re, with respect to a single property or multiple properties, may not exceed twenty million dollars (\$20,000,000) in a pulete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you are seeking exemption un 214(g)(1)(C). N. 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY Organization Corporate ID or LLC 1 of Property (number and street) Assessor's Parcel/Asset of Qualified Households 159.14 of the Revenue and Taxation Code provides that claims on "qualified property" as described in section 214.17 shat the following information on the units occupied by lower income households for which exemption is claimed: the actual he rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. At sary, Report information for each unit that was reported in Section 4, part B of form BOE-267-L. Address/Unit Number No. of Persons in Household Income Maximum Allowable Rent That Can Be |

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.

