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

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

This claim is filed for fiscal year 20 — 20							
This is a Supplemental Affidavit filed with							
BOE-267, Claim for Welfare Exemption (First Filing)							
BOF-267-A Claim for Welfare Exemption (Annual Filing)							

# **Tammie Guenthart Mariposa County Assessor**

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

This is a Su	upplemental Affidavit filed with							
	BOE-267, Claim for Welfare Exemption (First I	Filing)						
	BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)						
liability co certain lim by Sectior a taxpayer must com of section	the of a claim, for low-income rental housing ompany, that does not receive government fait if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple plete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing or ne property a otal exemption te properties a Section 3 of	receive low are lower ind on amount a , may not ea f form BOE-	r-income housing tax of come households whos allowed under Revenue acced twenty million do 267-L indicating you ar	credits, reeret do and Tax ollars (\$2	may qualify for oes not exceed (ation Code se 20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  Name of Organization						Corporate ID or LLC Number		
Address of	Property (number and street)							
City, Count	y, Zip Code							
an affidavit income, th	59.14 of the California Revenue and Taxation Ct reporting the following information on the units the maximum rent that can be charged to the hosheets as necessary. Report information for each Address/Unit Number	s occupied by ousehold, and the unit that was not	y lower inco d the actual	me households for which rent. Use the table belo	m exempt w to prov m BOE-2 Maxim Rent	tion is claimed: vide the require	the actual household	
I certify	y (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the S	CERTIFICA State of Calif	ornia that the foregoing	and all in	formation conta	ined herein, including elief.	
NAME OF 0	CLAIMANT		TIT	LE			DATE	
-							DATE	



# 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.

