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

# 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)
BOE-267-A Claim for Welfare Exemption (Appual Filling)

# **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 Supplemental Affidavit filed with						
□ BOE-267, Claim for Welfare Exemption (First)	Filing)					
BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
In the case of a claim, for low-income rental housing liability company, that does not receive government certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND	financing or re he property are otal exemptior le properties, r n Section 3 of f	eceive low- e lower inco amount al may not exo orm BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you ar	credits, may qualify for se rent does not exceed and Taxation Code second and (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
ne of Organization				Corporate ID or LLC Number		
Address of Property (number and street)						
y, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
reporting the following information on the units occupied maximum rent that can be charged to the household, and as necessary. Report information for each unit that was re	the actual rent. eported in Section No. of P	Use the tab	le below to provide the			
I certify (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the St	ERTIFICA ate of Califo	rnia that the foregoing	and all information conta of my knowledge and b	ined herein, including elief.	
I certify (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the St	ate of Califo	rnia that the foregoing and complete to the best	and all information conta of my knowledge and bo	ined herein, including elief.	

# 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.

