EF-267-L2-R00-0617-23000612-1

BOE-267-L2 (P1) (06-17) WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,

SUSAN M. RANOCHAK **MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

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

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

his is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (Firs	t Filing)					
☐ BOE-267-A, Claim for Welfare Exemption (A	nnual Filing)					
the case of a claim, for low-income rental housing ability company, that does not receive government ertain limit if 90 percent or more of the occupants of y Section 50053 of the Health and Safety Code. The ataxpayer, with respect to a single property or must complete this affidavit if you checked box C(3) if section 214(g)(1)(C).	t financing or receive low- the property are lower ince e total exemption amount ultiple properties, may not	income housing tax of ome households whos allowed under Reven exceed ten million do	credits, may qualify for the rent does not exceed the and Taxation Code s the state of the control of the contr	exemption up to the rent prescribe section 214(g)(1)(C ssessed value. Yo		
ECTION 1. IDENTIFICATION OF APPLICANT AND	DIDENTIFICATION OF PR	ROPERTY				
ame of Organization	Organization			Corporate ID or LLC Number		
ddress of Property (number and street)						
ity, County, Zip Code						
ection 259.14 of the California Revenue and Taxation of ffidavit reporting the following information on the units acome, the maximum rent that can be charged to the lidditional sheets as necessary. Report information for each of the lidditional sheets as necessary. Report information for each of the lidditional sheets as necessary.	s occupied by lower income household, and the actual r	e households for which ent. Use the table belo	exemption is claimed: to to provide the required	he actual househol		
I certify (or declare) under penalty of perjury under the any accompanying statements or de	CERTIFICA he laws of the State of Califo ocuments, is true, correct, a	ornia that the foregoing	and all information contai of my knowledge and be	ined herein, includir elief.		
NAME OF CLAIMANT	TITL	E		DATE		
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS			

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NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEPHONE		EMAIL ADDRESS	
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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 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.

