This claim is filed for fiscal year 20 ____ — 20 ____

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

K M 50

Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

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

This is a S	supplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing prompany, that does not receive government fin nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The totar, with respect to a single property or multiple plete this affidavit if you checked box C(3) in S n 214(g)(1)(C).	ancing or receive low- property are lower incoming al exemption amount a properties, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	redits, may qualify for e 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	
	1. IDENTIFICATION OF APPLICANT AND ID	ENTIFICATION OF PR	ROPERTY			
Name of C	ame of Organization			Corporate ID or LLC Number		
Address of	f Property (number and street)					
City, Coun	ity, County, Zip Code				Assessor's Parcel/Assessment Number(s)	
Section 25 reporting t maximum	f Qualified Households 59.14 of the Revenue and Taxation Code provides the following information on the units occupied by rent that can be charged to the household, and the ary. Report information for each unit that was repo Address/Unit Number	lower income househole actual rent. Use the tal	ds for which exemption ble below to provide the	is claimed: the actual h	ousehold income, the	
I certif	fy (or declare) under penalty of perjury under the la any accompanying statements or docui	CERTIFICA aws of the State of Califor ments, is true, correct, a	ornia that the foregoing a	and all information conta of my knowledge and b	nined herein, including	
					ellet.	
NAME OF	CLAIMANT	ТІТІ	.E		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, 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.

