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

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

MERCED COUNTY
MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

This claim is	filed for fiscal year 20 — 20					
This is a Sup	plemental Affidavit filed with					
BOE-267, Claim for Welfare Exemption (First Filing)						
E	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability com certain limit by Section 5 a taxpayer, v must compli of section 2	of a claim, for low-income rental housing pany, that does not receive government if 1900 percent or more of the occupants of the 190053 of the Health and Safety Code. The twith respect to a single property or multiplete this affidavit if you checked box C(3) in 14(g)(1)(C).	financing or receive love the property are lower inc otal exemption amount de properties, may not e n Section 3 of form BOE	v-income housing tax of come households whos allowed under Revenue xceed twenty million do -267-L indicating you an	credits, may qualify for one created to see rent does not exceed to and Taxation Code sected (\$20,000,000) in as	exemption up to a he rent prescribed tion 214(g)(1)(C) to sessed value. You	
	IDENTIFICATION OF ALL EIGANT AND	DERTII IOATION OF T	NOI ENTI			
Name of Org	anization			Corporate ID or LLC Nu	ımber	
Address of P	roperty (number and street)					
City, County,	Zip Code					
Section 259. an affidavit rincome, the	ualified Households 14 of the California Revenue and Taxation (eporting the following information on the unit maximum rent that can be charged to the ho eets as necessary. Report information for each	s occupied by lower inco ousehold, and the actual	me households for whic rent. Use the table belo	h exemption is claimed: thow to provide the required	ne actual household	
	Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	CERTIFIC e laws of the State of Cali cuments, is true, correct,	fornia that the foregoing	and all information contain t of my knowledge and bel	ned herein, including ief.	
NAME OF CL	AIMANT	TI	TLE]	DATE	
SIGNATURE	OF CLAIMANT	DAYTIME TELE	PHONE	EMAIL ADDRESS		

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.

