EF-267-H-R10-0521-25000274-1 BOE-267-H (P1) REV. 10 (05-21)

## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING – ELDERLY OR HANDICAPPED FAMILIES



### Kristen DePaul Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

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This Claim is Filed for Fiscal Year 20 _	<b></b> 20

Thi	s Claim is Filed for Fiscal \	Year 20 <b>—</b> 20	·				
Thi	s is a Supplemental Affidav	vit filed with					
	☐ BOE-267, Claim for	Welfare Exemption (Fire	st Filing)				
	☐ BOE-267-A, Claim	for Welfare Exemption (A	nnual Filing)				
Sec	ction 1. Identification of A	Applicant					
Nar	ne of Organization						
Mai	ling Address (number and	street)			Corporate ID or L	LC Number	
City	, State, Zip Code						
	ganizational Clearance Cer OCC, have you filed a clai		OE?	(Provide copy of certific	cate with this claim if firs	t filing). If you do not have	
	Yes   No						
If N	lo, see instructions for info	rmation on obtaining an	OCC claim form.				
Sed	ction 2. Identification of F	Property					
Address of property (number and street)				Assessor's Parce	Assessor's Parcel/Assessment Number(s)		
City, County, Zip Code			Date Property Acc	Date Property Acquired			
Sec	ction 3. Household Inform	nation					
		venue and Taxation Code apped families can qualify	e provides that property of for the welfare exemption	owned by nonprofit organion from property taxes on		ehold incomes of families	
	HOUSEHOLD		HOUSEHOLD	MAXIMUM INCOME	HOUSEHOLD	MAXIMUM INCOME	
	1	\$67,450	4	\$96,350	7	\$119,450	
	2	\$77,100	5	\$104,050	8	\$127,200	
	3	\$86,700	6	\$111,750			
R	county and change annu In order to qualify all or a keep the statement for fu  FOR ASSES eceived by	ally. a portion of the property to ture audits); and (2) you also some second of the property to ture audits); and (2) you are also some second of the property of the propert	or the exemption, you m		atement for each family	that qualifies (you should	
	(county or city)	(date)	DAYTIME TELE	PHONE	EMAIL ADDRESS		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



#### **B.** List of Qualified Families

ADDRESS / UNIT NUMBER (use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (may be more than one family in unit)		MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED		
		\$			
		\$			
l.		\$			
l.		\$			
5.		\$			
C. Recap for All Families, Eligible and Ineligible			EXAMPLE	ACTUAL	
			ACTUAL		
Number of qualified families. (one for each line filled in the fill	linooma i-	110			
<ol><li>Number of non-qualified families. (Occupants did not over the limit, or unit was occupied by other than elde</li></ol>	IIICOME IS	10			
3. Total number of families.					
D. Exemption Calculation				ACTUAL	
Percentage which the number of low and moderate-incorroperty is of the total number of families occupying the	ying the	110 / 120	1		
Maximum percentage of value of property eligible for ex		91.66%			
Section 4. Property Use					
oes this property include commercial space?   Yes	☐ No Give a brief description of its us	e:			
	CERTIFICATION				
certify (or declare) under penalty of perjury under the la any accompanying statements or docu		ing and all inforr best of my know	mation contained helege and belief.	erein, includ	
I certify (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the State of California that the forego	ing and all inforr best of my know	mation contained helege and belief.	perein, includ	



# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT HOUSING – ELDERLY OR HANDICAPPED FAMILIES

#### **FILING OF AFFIDAVIT**

This affidavit is required under the provisions of sections 214(f), 251, and 254.5 of the Revenue and Taxation code and must be filed when seeking exemption on housing for elderly or handicapped families that is owned and operated by a nonprofit organization or eligible limited liability company. A separate affidavit must be filed for each location and the income of the occupants must not exceed certain limits (see section 3 of claim form). This affidavit supplements the claim for welfare exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If you do not complete and file this form, you may be denied the exemption. The claimant should provide each family living on the property with a copy of form BOE-267-H-A, *Elderly and Handicapped Families, Family Household Income Reporting Worksheet*.

The organization keeps the completed, signed worksheet in case of further audit. Do not submit the worksheets with your filing.

#### **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 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

#### **SECTION 1. Identification of Applicant.**

Identify the name of the organization seeking exemption on the elderly or handicapped housing property, corporate identification number (or limited liability number if the organization is a limited liability company), and mailing address.

#### **SECTION 2. Identification of Property.**

Identify the location of the elderly or handicapped housing property, county in which the property is located, and the date the property was acquired by the organization. Also identify the assessor's parcel number or assessment number of the property.

#### **SECTION 3. Household Information.**

Include a list of low and moderate-income elderly and handicapped families that qualify for exemption based on the maximum income level for the county for the claim year where the property is located (see dollar amount on table).

#### **OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION**

Claim form BOE-277, *Claim for Organizational Clearance Certificate – Welfare Exemption*, is available on the Board's website (www.boe.ca.gov) or you may request the form by contacting the Exemptions Section at 916-274-3430.

