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

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

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA					
This claim is filed for fiscal year 20 — 20					
is is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exemption (First Filing)					
BOE 267 A Claim for Welfare Exemption (Appual Filing)					

Mono County Office of the Assessor Barry Beck, Assessor

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EMAIL ADDRESS

☐ B In the case	OE-267, Claim for Welfare Exemption (Fir OE-267-A, Claim for Welfare Exemption (3,			
n the case	OE-267-A, Claim for Welfare Exemption (Annual Filing)			
iability com		Allidai i lillig)			
by Section 5 a taxpayer, v	of a claim, for low-income rental hous pany, that does not receive governmen if 90 percent or more of the occupants o 0053 of the Health and Safety Code. The vith respect to a single property or mult ete this affidavit if you checked box C(3) 14(g)(1)(C).	nt financing or receive low of the property are lower inc e total exemption amount a tiple properties, may not ex	r-income housing tax of come households whos illowed under Revenue acced twenty million do	credits, may qualify for se rent does not exceed and Taxation Code secondars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to ssessed value. You
SECTION 1.	IDENTIFICATION OF APPLICANT AN	ID IDENTIFICATION OF P	ROPERTY		
Name of Orga	anization			Corporate ID or LLC N	lumber
Address of Pr	roperty (number and street)				
City, County,	Zip Code				
Section 259. an affidavit re income, the i	ualified Households 14 of the California Revenue and Taxatio eporting the following information on the unaximum rent that can be charged to the eets as necessary. Report information for a	units occupied by lower income household, and the actual	ne households for which rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household
I certify (c	or declare) under penalty of perjury under	CERTIFICA the laws of the State of Calif	-	and all information conta	ined herein, including
	any accompanying statements or	documents, is true, correct, a	and complete to the best	of my knowledge and be	elief.

DAYTIME TELEPHONE

SIGNATURE OF CLAIMANT

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.

