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

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

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Mono County Office of the Assessor Barry Beck, Assessor

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This claim is filed for fiscal year 20 — 20							
This is a Supplemental Affidavit filed with							
☐ BOE-267, Claim for Welfare Exemption (First F	iling)						
BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)						
In the case of a claim, for low-income rental housing liability company, that does not receive government fi certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).	nancing o e property tal exempt e propertie	r receive I are lower ion amour s, may not	ow-income housing tax income households who it allowed under Revenu exceed twenty million d	credit se rer e and lollars	ts, may qualify fo to the took of the took took of the took of the took of the took of the took of the took of the took of the took of the took of the took of the took of th	r exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND II	DENTIFIC	ATION OF	PROPERTY				
Name of Organization	Co	Corporate ID or LLC Number					
Address of Property (number and street)							
City, County, Zip Code				As	Assessor's Parcel/Assessment Number(s)		
A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code provide reporting the following information on the units occupied be maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was reported.	y lower inc he actual re	ome house ent. Use the	holds for which exemption table below to provide the	n is cla	aimed: the actual h	ousehold income, the	
Address/Unit Number		f Persons ousehold	in Annual Household Income	R	ximum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the uments, is	CERTIFI State of C true, correc	alifornia that the foregoing	and a	all information conta y knowledge and b	ained herein, including pelief.	
NAME OF CLAIMANT			TITLE			DATE	
SIGNATURE OF CLAIMANT		DAYTIME TE	ELEPHONE		EMAIL ADDRESS	<u> </u>	

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, 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.

