This is a Supplemental Affidavit filed with

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

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

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

Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570

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assessor@co.monterey.ca.us

	BOE-267, Claim for Welfare Exemption (First F	Filing)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lin by Sectio a taxpaye must com	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple uplete this affidavit if you checked box C(3) in 214(g)(1)(C).	inancing on the property otal exempte tal properties	r receive low are lower inc tion amount a s, may not ex	r-income housing tax of come households whos allowed under Revenue acceed twenty million do	credit se ren and ollars	is, may qualify for it does not exceed Taxation Code se (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
SECTION	I 1. IDENTIFICATION OF APPLICANT AND I	DENTIFIC	ATION OF P	ROPERTY			
Name of Organization					Corporate ID or LLC Number		
Address o	f Property (number and street)						
City, County, Zip Code					Assessor's Parcel/Assessment Number(s)		
A. List of Section 29 reporting to maximum	I 2. HOUSEHOLD INFORMATION f Qualified Households 59.14 of the Revenue and Taxation Code provide the following information on the units occupied be rent that can be charged to the household, and the tary. Report information for each unit that was reserved.	y lower inc he actual re	ome househo ent. Use the ta	lds for which exemption ble below to provide the	is cla	nimed: the actual he	ousehold income, the
	Address/Unit Number	No. o	f Persons in ousehold	Annual Household Income	Re	kimum Allowable ent That Can Be erged for the Unit	Actual Rent Charged to the Tenant
l certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the	CERTIFICA State of Calif true, correct, a	ornia that the foregoing	and a	ll information conta y knowledge and b	ined herein, including elief.
NAME OF CLAIMANT			TIT	TITLE			DATE
SIGNATU	TURE OF CLAIMANT		DAYTIME TELEPHONE			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 does not 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.

