BOE-267-L2 (P1) (06-17)

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

Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902

Rolf D. Kleinhans

P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

| This claim is filed for fiscal year 20 — 20 | | | | | | | |
|--|--|---|--|------------------------|--|--|--|
| This is a Supplemental Affidavit filed with | | | | | | | |
| ☐ BOE-267, Claim for Welfare Exemption (First Filin) | g) | | | | | | |
| ☐ BOE-267-A, Claim for Welfare Exemption (Annual | l Filing) | | | | | | |
| In the case of a claim, for low-income rental housing property, owned and operated by an eligible nonprofit organization or eligible limited liability company, that does not receive government financing or receive low-income housing tax credits, may qualify for exemption up to a certain limit if 90 percent or more of the occupants of the property are lower income households whose rent does not exceed the rent prescribed by Section 50053 of the Health and Safety Code. The total exemption amount allowed under Revenue and Taxation Code section 214(g)(1)(C) to a taxpayer, with respect to a single property or multiple properties, may not exceed ten million dollars (\$10,000,000) in assessed value. You must complete this affidavit if you checked box C(3) in Section 3 of form BOE-267-L indicating you are seeking exemption under the provisions of section 214(g)(1)(C). | | | | | | | |
| SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY | | | | | | | |
| Name of Organization | | | Corporate ID or LLC Number | | | | |
| Address of Property (number and street) | | | | | | | |
| City, County, Zip Code | | | | | | | |
| SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households | | | | | | | |
| | provides that slaims of | "avalified property" as | described in section 21 | 4 17 shall include an | | | |
| Section 259.14 of the California Revenue and Taxation Code affidavit reporting the following information on the units occur income, the maximum rent that can be charged to the house additional sheets as necessary. Report information for each units of the control of the contro | upied by lower income whold, and the actual re | households for which ent. Use the table below | exemption is claimed: which to provide the require | the actual household | | | |
| Address/Unit Number | No. of Persons in Household | Annual Household Income | Maximum Allowable Rent That Can Be Charged | Actual Rent Charged | | | |
| | | | | | | | |

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

| any accompanying calculations of accommond, is used, content, and companies to the account, including and account | | | | | | | |
|---|-------------------|-------|---------------|------|--|--|--|
| ME OF CLAIMANT | | TITLE | | DATE | | | |
| | | | | | | | |
| SIGNATURE OF CLAIMANT | DAYTIME TELEPHONE | | EMAIL ADDRESS | | | | |
| > | () | | | | | | |

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 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.

