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

LIFORNIE

### Rolf D. Kleinhans Nevada County Assessor

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

This is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exemption (First F	Filing)				
BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)				
In the case of a claim, for low-income rental housing liability company, that does not receive government for 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).	inancing or receive lovele property are lower in tal exemption amount e properties, may not e Section 3 of form BOE	v-income housing tax of come households whos allowed under Revenue xceed twenty million do -267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code sec ollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND I	DENTIFICATION OF F	PROPERTY	Corporate ID or LLC N	umber	
Address of Property (number and street)					
City, County, Zip Code	ounty, Zip Code			Assessor's Parcel/Assessment Number(s)	
maximum rent that can be charged to the household, and t as necessary. Report information for each unit that was rep  Address/Unit Number		B of form BOE-267-L.	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	CERTIFIC laws of the State of Calicuments, is true, correct,	fornia that the foregoing	and all information contail t of my knowledge and be	ned herein, including lief.	
NAME OF CLAIMANT		TLE		DATE	
SIGNATURE OF CLAIMANT	DAYTIME TELE	PHONE	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 <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.

