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

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

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

| his claim is filed for fiscal year 20 — 20 | | | | |
|---|---|--|--|---|
| his is a Supplemental Affidavit filed with | | | | |
| BOE-267, Claim for Welfare Exemption (First | Filing) | | | |
| ☐ BOE-267-A, Claim for Welfare Exemption (Ar | nnual Filing) | | | |
| In the case of a claim, for low-income rental housing interest that does not receive government the sertain limit if 90 percent or more of the occupants of the section 50053 of the Health and Safety Code. The section taxpayer, with respect to a single property or multiple in the section 214(g)(1)(C). | financing or receive low the property are lower inc total exemption amount a de properties, may not ex | income housing tax of ome households whos llowed under Revenue ceed 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 AND | IDENTIFICATION OF PR | ROPERTY | | |
| ame of Organization | | | Corporate ID or LLC Number | |
| ddress of Property (number and street) | | | | |
| ty, County, Zip Code | | | Assessor's Parcel/Assessment Number(s) | |
| naximum rent that can be charged to the household, and as necessary. Report information for each unit that was re Address/Unit Number | | | Maximum Allowable Rent That Can Be Charged for the Unit | Actual Rent Charged to the Tenant |
| | | | Charged for the Onit | the renam |
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| I certify (or declare) under penalty of perjury under th any accompanying statements or do | CERTIFICA e laws of the State of Califo cuments, is true, correct, a | ornia that the foregoing | and all information conta of my knowledge and be | ined herein, includin elief. |
| NAME OF CLAIMANT | ТІТІ | E. | | DATE |
| | | | | |
| SIGNATURE OF CLAIMANT | DAYTIME TELEP | HONE | 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.

