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

BOE-267-L2 (P1) REV 02 (05-19)

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

Matthew R. Maynard Placer County Assessor

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

This is a S	Supplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First Filing)				
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)				
liability co certain lin by Sectio a taxpaye must com of section	se of a claim, for low-income rental housiompany, that does not receive governmen nit if 90 percent or more of the occupants of n 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3) n 214(g)(1)(C).	at financing or receive lo f the property are lower in total exemption amoun iple properties, may not in Section 3 of form BO	ow-income housing tax on ncome households whose t allowed under Revenue exceed twenty million do E-267-L indicating you a	credits, may qualify for se rent does not exceed a and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Organization				Corporate ID or LLC Number	
Address o	f Property (number and street)				
City, Coun	ty, Zip Code				
income, th	vit reporting the following information on the units occupied by lower income households for which exemption is claimed: the actual household he maximum rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. Attail sheets as necessary. Report information for each unit that was reported in Section 4, part B of form BOE-267-L. Address/Unit Number No. of Persons in Household Income Rent That Can Be Charged to the Tenant				
I certit	fy (or declare) under penalty of perjury under t any accompanying statements or c	CERTIFI the laws of the State of Ca documents, is true, correc	alifornia that the foregoing	and all information conta t of my knowledge and b	ined herein, including elief.
NAME OF	CLAIMANT		TITLE		DATE
SIGNATU	RE OF CLAIMANT	DAYTIME TE	LEPHONE	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 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.

