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

DATE

EMAIL ADDRESS

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| | BOE-267, Claim for Welfare Exemption (Fir | 3, | | | |
| Ш | BOE-267-A, Claim for Welfare Exemption (| Annual Filing) | | | |
| iability co certain lim by Sectior a taxpayer nust com of section | se of a claim, for low-income rental housi ompany, that does not receive governmer nit if 90 percent or more of the occupants on 50053 of the Health and Safety Code. The r, with respect to a single property or mult uplete this affidavit if you checked box C(3) 1214(g)(1)(C). | nt financing or receive low f the property are lower inc e total exemption amount a iple properties, may not ex in Section 3 of form BOE-2 | income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you ar | credits, may qualify for e se rent does not exceed to and Taxation Code sect ollars (\$20,000,000) in as | exemption up to the rent prescribe ion 214(g)(1)(C) t sessed value. Yo |
| | Organization | | | Corporate ID or LLC Number | |
| \ddress of | f Property (number and street) | | | | |
| ity, Count | ty, Zip Code | | | | |
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TITLE

DAYTIME TELEPHONE

NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

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.

