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

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

Γhis is a Su	upplemental Affidavit filed with							
	BOE-267, Claim for Welfare Exemption (First I	Filing)						
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
iability concertain limit by Section a taxpayer, must comp	e of a claim, for low-income rental housing mpany, that does not receive government fit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The to, with respect to a single property or multiple plete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing on the property otal exempt the properties	r receive lov are lower in ion amount s, may not e	w-income housing tax of come households whose allowed under Revenue exceed twenty million do	credits se ren e and ollars	s, may qualify for t does not exceed Taxation Code sec (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
	1. IDENTIFICATION OF APPLICANT AND	IDENTIFICA	ATION OF F	PROPERTY	Cor	rnorate ID or LLC N	umher	
Name of Organization					Corporate ID or LLC Number			
Address of	Property (number and street)				1			
City, County	unty, Zip Code					Assessor's Parcel/Assessment Number(s)		
as necessa	ary. Report information for each unit that was re Address/Unit Number	No. of Persons in Household		Annual Household Income	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 do	e laws of the	CERTIFIC State of Call true, correct,	ifornia that the foregoing	and al	ll information contain	ned herein, including lief.	
NAME OF CLAIMANT				TITLE			DATE	
SIGNATUR	E OF CLAIMANT		DAYTIME TELEPHONE			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.

