EF-267-L2-R00-0617-33000621-1

BOE-267-L2 (P1) (06-17)

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

Peter Aldana	
<b>Assessor-County</b>	Clerk-Recorder

County of Riverside PO Box 751
Riverside CA 92502-0

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This claim is filed for fiscal year 20 — 20						
This is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (First F	iling)					
BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)					
In the case of a claim, for low-income rental housing liability company, that does not receive government fi 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 multimust complete this affidavit if you checked box C(3) in sof section 214(g)(1)(C).	nancing or e property otal exemp iple proper	r receive l are lower otion amo rties, may	low-income housing tax of income households whose unt allowed under Reven not exceed ten million do	credits, may qualify for se rent does not exceed ue and Taxation Code ollars (\$10,000,000) in a	r exemption up to a d the rent prescribed section 214(g)(1)(C) assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND II  Name of Organization	DENTIFICA	ATION OF	PROPERTY	Cornerate ID or LLC	Number	
varile of Organization	or Organization				Corporate ID or LLC Number	
Address of Property (number and street)						
City, County, Zip Code						
income, the maximum rent that can be charged to the horadditional sheets as necessary. Report information for each	No. of		ed in Section 4, part B of fo		Actual Rent Charged	
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the uments, is t	State of C	ICATION California that the foregoing ct, and complete to the best	and all information conta t of my knowledge and b	ained herein, including selief.	
NAME OF CLAIMANT			TITLE		DATE	
SIGNATURE OF CLAIMANT		DAYTIME TE	ELEPHONE	EMAIL ADDRESS	EMAIL ADDRESS	

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



# 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.

