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

T, CLEGALIA

CHRISTINA WYNN
SACRAMENTO COUNTY ASSESSOR
INSTITUTIONAL EXEMPTIONS SECTION
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This is a S	upplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First	Filing)				
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability co certain lim by Section a taxpayen must com of section	te of a claim, for low-income rental housing ompany, that does not receive government oit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tr, with respect to a single property or multip plete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing of the property total exemp total exemp total exemp total exemp total exemp total exemp total exemp total exemp total exemp	r receive low are lower ind tion amount a s, may not ex of form BOE-	r-income housing tax of come households whose allowed under Revenue xceed twenty million do 267-L indicating you an	credits, may qualify fo 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 O	e of Organization				Corporate ID or LLC Number	
Address of	Property (number and street)					
City, Count	y, Zip Code					
income, th	t reporting the following information on the unite maximum rent that can be charged to the highest as necessary. Report information for ea Address/Unit Number	nousehold, a ch unit that w	nd the actual	rent. Use the table belo	w to provide the require	
I certif	y (or declare) under penalty of perjury under the any accompanying statements or do	e laws of the ocuments, is	CERTIFICA State of Calif true, correct, a	fornia that the foregoing	and all information conta t of my knowledge and b	nined herein, including elief.
NAME OF	CLAIMANT		TIT	TLE		DATE
SIGNATUR	RE OF CLAIMANT		DAYTIME TELE	PHONE	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.

