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

VOF SAN APPLICATION OF SAN APPLI

MARK CHURCH Assessor - County Clerk - Recorder

555 County Center Redwood City, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov web: www.smcacre.gov

This is a S	Supplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (Firs	st Filing)				
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability c certain lir by Sectio a taxpaye must con of section	se of a claim, for low-income rental housin ompany, that does not receive government nit if 90 percent or more of the occupants of n 50053 of the Health and Safety Code. The rr, with respect to a single property or multi- pplete this affidavit if you checked box C(3) n 214(g)(1)(C).	t financing or receive low the property are lower inc total exemption amount a ple properties, may not ex in Section 3 of form BOE-	-income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you an	credits, may qualify for se rent does not exceed to and Taxation Code sec collars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY Name of Organization				Corporate ID or LLC Number		
 Address o	f Property (number and street)					
 City, Coun	ty, County, Zip Code				Assessor's Parcel/Assessment Number(s)	
	rent that can be charged to the household, and sary. Report information for each unit that was a Address/Unit Number			Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certi	fy (or declare) under penalty of perjury under th any accompanying statements or d	CERTIFICA he laws of the State of Calif locuments, is true, correct, a	ornia that the foregoing	and all information contain of my knowledge and be	ned herein, including lief.	
NAME OF	CLAIMANT	TIT	LE		DATE	
SIGNATU	RE OF CLAIMANT	DAYTIME TELEF	PHONE	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, 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.

