BOE-267-L2 (P1) REV 02 (05-19)

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

LESLIE MORGAN
ASSESSOR-RECORDER

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Intra_County toll free: 1(800)479-8009

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (First Filing)				
BOE-267-A, Claim for Welfare Exemption (Annual Fil	ing)			
In the case of a claim, for low-income rental housing propeliability company, that does not receive government financial certain limit if 90 percent or more of the occupants of the propely Section 50053 of the Health and Safety Code. The total execution at the company of the property or multiple property complete this affidavit if you checked box C(3) in Section 5005 (214(g)(1)(C).	ng or receive perty are lower emption amou erties, may no	low-income housing tax of income households whose tallowed under Revenue texceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code secondars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to ssessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENT	IFICATION OI	FPROPERTY		
Name of Organization			Corporate ID or LLC N	lumber
Address of Property (number and street)				
City, County, Zip Code				
A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Code properties an affidavit reporting the following information on the units occup income, the maximum rent that can be charged to the household additional sheets as necessary. Report information for each unit to	oied by lower in ld, and the act	ncome households for which ual rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household
Address/Unit Number	lo. of Persons Household	in Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
	CERTIE	CATION		
I certify (or declare) under penalty of perjury under the laws o any accompanying statements or document	of the State of C	EICATION California that the foregoing a ct, and complete to the best	and all information conta of my knowledge and be	ined herein, including elief.
NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME T	<u> </u> ELEPHONE	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.

