This claim is filed for fiscal year 20 ____ - 20 ____

BOE-267-L2 (P1) REV 03 (05-21)



Don H. Gaekle Stanislaus County Assessor

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

This is a S	Supplemental Affidavit filed with								
	BOE-267, Claim for Welfare Exemption (First Filing)								
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
liability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing pompany, that does not receive government fin nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The total or, with respect to a single property or multiple inplete this affidavit if you checked box C(3) in S in 214(g)(1)(C).	ancing o property al exempt propertie	r receive are lower ion amou s, may no	low-ind incom nt allow t exce	come housing tax of e households whose wed under Revenue ed twenty million de	credi se rei e and ollars	ts, may qualify for nt does not exceed Taxation Code se s (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
SECTION	I 1. IDENTIFICATION OF APPLICANT AND ID	ENTIFIC	ATION OI	F PRO	PERTY				
Name of Organization						Co	Corporate ID or LLC Number		
Address of	f Property (number and street)								
City, Coun	, County, Zip Code					As	Assessor's Parcel/Assessment Number(s)		
Section 25 reporting t maximum	f Qualified Households 59.14 of the Revenue and Taxation Code provide: the following information on the units occupied by rent that can be charged to the household, and the cary. Report information for each unit that was reported. Address/Unit Number	lower ince actual reported in Se	ome house ent. Use th ection 4, pa	eholds e table art B of	for which exemption below to provide the form BOE-267-L. Annual Household	is clarequ	aimed: the actual he ired information. Att	ousehold income, the ach additional sheets Actual Rent	
		n.	ousehold		Income		ent That Can Be arged for the Unit	Charged to the Tenant	
I certif	fy (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the ments, is	CERTIF State of C true, corre	Californi	a that the foregoing	and a	all information conta by knowledge and b	ined herein, including elief.	
NAME OF CLAIMANT				TITLE			-	DATE	
SIGNATUI	JRE 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.

