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

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

County Clerk-Recorder-Assessor

Shanna White

This is a Su	upplemental Affidavit filed with						
	☐ BOE-267, Claim for Welfare Exemption (First Filing)						
	BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)					
liability co certain lim by Sectior a taxpayer must com of section	e of a claim, for low-income rental housing ompany, that does not receive government full if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple plete this affidavit if you checked box C(3) in 214(g)(1)(C).	inancing on the property otal exempt the propertie Section 3	or receive low or are lower inc tion amount a es, may not ex of form BOE-	-income housing tax of come households whose allowed under Revenue acced twenty million do 267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$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 Organization					Corporate ID or LLC Number		
Address of	Property (number and street)						
City, Count	City, County, Zip Code					Assessor's Parcel/Assessment Number(s)	
Section 25 reporting the maximum is	Qualified Households 9.14 of the Revenue and Taxation Code provide following information on the units occupied by the that can be charged to the household, and the tax. Report information for each unit that was repart to the household of the household.	by lower inc the actual re ported in Se No. o	come househo ent. Use the ta ection 4, part E	Ids for which exemption ble below to provide the of form BOE-267-L. Annual Household	is claimed: the actual h required information. At	ousehold income, the tach additional sheets Actual Rent	
		H	ousehold	Income	Rent That Can Be Charged for the Unit	Charged to the Tenant	
I certify	/ (or declare) under penalty of perjury under the any accompanying statements or doc			ornia that the foregoing			
NAME OF CLAIMANT			TIT	LE		DATE	
SIGNATUR	RE OF CLAIMANT		DAYTIME TELEF	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 does not 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.

