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 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	se of a claim, for low-income rental housing ompany, that does not receive government that 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 multipliplete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing on the property otal exempt the propertie	or receive low are lower in tion amount es, may not e	v-income housing tax of come households whos allowed under Revenue xceed twenty million do	credi se rei and ollars	ts, may qualify for nt does not exceed Taxation Code sec s (\$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	IDENTIFIC	ATION OF P	ROPERTY				
Name of O	e of Organization					Corporate ID or LLC Number		
Address of	Property (number and street)							
City, Count	County, Zip Code Assessor's P					sessor's Parcel/Ass	s Parcel/Assessment Number(s)	
reporting t maximum	59.14 of the Revenue and Taxation Code provious he following information on the units occupied by rent that can be charged to the household, and ary. Report information for each unit that was re Address/Unit Number	by lower inc the actual re ported in Se No. o	ome househo	olds for which exemption able below to provide the B of form BOE-267-L.	is clarequi	aimed: the actual ho	ousehold income, the	
I certif	y (or declare) under penalty of perjury under the any accompanying statements or do			fornia that the foregoing				
NAME OF CLAIMANT				TLE	. 0, 11	, movieuge and be	DATE	
SIGNATUR	E 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.

