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

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

| COUNTY O | F ALAMEDA |
|-----------------|------------|
| PHONG LA | , ASSESSOR |

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-6587 Fax (510) 272-3803 www.acgov.org/assessor

| This claim is filed for fiscal year 20 = 20 | | | | |
|---|--|---|--|--|
| This is a Supplemental Affidavit filed with | | | | |
| ☐ BOE-267, Claim for Welfare Exemption (First Fil | ling) | | | |
| ☐ BOE-267-A, Claim for Welfare Exemption (Annu | ıal Filing) | | | |
| In the case of a claim, for low-income rental housing pliability company, that does not receive government fin certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in S of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND ID | nancing or receive low- property are lower inc- al exemption amount a properties, may not ex section 3 of form BOE-2 | income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you ar | redits, may qualify for e rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a | exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You |
| Name of Organization | | | Corporate ID or LLC N | umber |
| Address of Property (number and street) | | | | |
| City, County, Zip Code | | | | |
| an affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hou additional sheets as necessary. Report information for each Address/Unit Number | sehold, and the actual r | ent. Use the table belo | w to provide the required | |
| | | | Charged for the Unit | the Tenant |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I certify (or declare) under penalty of perjury under the la any accompanying statements or docu | CERTIFICA aws of the State of Califo ments, is true, correct, a | ornia that the foregoing a | and all information contai of my knowledge and be | ned herein, including |
| NAME OF CLAIMANT | ТІТІ | <u> </u> | | DATE |
| SIGNATURE OF CLAIMANT | DAYTIME TELEP | HONE | 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 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.

