This is a Supplemental Affidavit filed with

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

COUNTY OF ALAMEDA PHONG LA, ASSESSOR

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

☐ BOE-267, Claim for Welfare Exemption (First	st Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (A	Annual Filing)			
In the case of a claim, for low-income rental housing in the case of a claim, for low-income rental housing in the company, that does not receive government ertain limit if 90 percent or more of the occupants of any Section 50053 of the Health and Safety Code. The taxpayer, with respect to a single property or multinust complete this affidavit if you checked box C(3) of section 214(g)(1)(C).	at financing or receive f the property are lowe total exemption amo iple properties, may n	e low-income housing tax er income households who unt allowed under Revenu ot exceed twenty million d	credits, may qualify for se rent does not exceed e and Taxation Code sec ollars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT ANI	D IDENTIFICATION (OF PROPERTY		
ne of Organization			Corporate ID or LLC Number	
Address of Property (number and street)				
y, County, Zip Code			Assessor's Parcel/Assessment Number(s)	
A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code proreporting the following information on the units occupied maximum rent that can be charged to the household, and as necessary. Report information for each unit that was Address/Unit Number	d by lower income hou nd the actual rent. Use t	seholds for which exemption he table below to provide the part B of form BOE-267-L. s in Annual Household	is claimed: the actual ho	ousehold income, the
			Charged for the Unit	the Tenant
I certify (or declare) under penalty of perjury under to any accompanying statements or c	the laws of the State of	FICATION California that the foregoing ect. and complete to the bes	and all information conta	ined herein, includin
NAME OF CLAIMANT	, , ••••	TITLE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE 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 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.

