This is a Supplemental Affidavit filed with

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

☐ BOE-267, Claim for Welfare Exemption (First Filing)

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

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

Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

BOE-267-A, Claim for Welfare Exemption (Ar	nnual Filing)					
In the case of a claim, for low-income rental housin liability company, that does not receive government certain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The tata taxpayer, with respect to a single property or multipulate complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).	financing or the property total exempti ble properties	receive le are lower i ion amoun s, may not	ow-income housing tax of income households whose at allowed under Revenue exceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to a d the rent prescribed ction 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND	IDENTIFICA	ATION OF	PROPERTY			
lame of Organization				Corporate ID or LLC Number		
Address of Property (number and street)						
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
SECTION 2. HOUSEHOLD INFORMATION						
A. List of Qualified Households						
Section 259.14 of the Revenue and Taxation Code proving 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 reconstructed.	by lower inco the actual re	ome house nt. Use the	holds for which exemption table below to provide the	is claimed: the actual h	ousehold income, the	
Address/Unit Number		Persons Susehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certify (or declare) under penalty of perjury under th any accompanying statements or do	e laws of the	CERTIFI State of Carue, correct	alifornia that the foregoing	and all information conta	nined herein, including elief.	
NAME OF CLAIMANT			TITLE		DATE	
SIGNATURE OF CLAIMANT		DAYTIME TELEPHONE		EMAIL ADDRESS	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.

