This claim is filed for fiscal year 20 \_\_\_\_ — 20 \_\_\_\_

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

# DEL TOWNE

#### Jennifer Perry, Assessor County of Del Norte

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

| _   | BOE-267, Claim for Welfare Exemption (Fir   |  |   |   |   |
|---|---|--|---|---|---|
|   | DOE-201, Claim for Wellare Exemption (Fil   | st Filing)   |   |   |   |
|   | BOE-267-A, Claim for Welfare Exemption (A   | Annual Filing)   |   |   |   |
| iability cor<br>certain limit<br>by Section<br>a taxpayer,<br>must comp<br>of section 2 | e of a claim, for low-income rental hous<br>mpany, that does not receive government<br>tif 90 percent or more of the occupants o<br>50053 of the Health and Safety Code. The<br>with respect to a single property or multi<br>elete this affidavit if you checked box C(3)<br>214(g)(1)(C). | nt financing or receive low-<br>f the property are lower inco<br>e total exemption amount al<br>tiple properties, may not ex<br>) in Section 3 of form BOE-2 | income housing tax of<br>ome households whos<br>llowed under Revenue<br>ceed twenty million do<br>167-L indicating you ar | credits, may qualify for<br>se rent does not exceed<br>and Taxation Code se<br>ollars (\$20,000,000) in a | r exemption up to a<br>d the rent prescribed<br>oction 214(g)(1)(C) to<br>assessed value. You |
| Name of Org   | e of Organization   |  |   | Corporate ID or LLC Number  |   |
| Address of F  | Property (number and street)  |  |   |   |   |
| Dity, County  | ounty, Zip Code   |  |   | Assessor's Parcel/Assessment Number(s)  |   |
| maximum re  | e following information on the units occupie<br>ent that can be charged to the household, ar<br>ry. Report information for each unit that was<br>Address/Unit Number  | nd the actual rent. Use the tab  | ole below to provide the  |   |   |
|   |   | nouselloid   | Income  | Maximum Allowable<br>Rent That Can Be<br>Charged for the Unit   | Actual Rent<br>Charged to<br>the Tenant   |
|   |   | nousellolu   |   | Rent That Can Be  | Charged to  |
|   |   | nousellolu   |   | Rent That Can Be  | Charged to  |
|   |   | nousellolu   |   | Rent That Can Be  | Charged to  |
| I certify  NAME OF CI   | (or declare) under penalty of perjury under<br>any accompanying statements or   | CERTIFICA the laws of the State of Califo  | TION ornia that the foregoing and complete to the best  | Rent That Can Be Charged for the Unit   | Charged to the Tenant   |

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, 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.

