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 Inyo
Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

BOE-267, Claim for Welfare Exemption (First BOE-267-A, Claim for Welfare Exemption (A) the case of a claim, for low-income rental housi bility company, that does not receive governmentain limit if 90 percent or more of the occupants of Section 50053 of the Health and Safety Code. The taxpayer, with respect to a single property or multipust complete this affidavit if you checked box C(3)	Annual Filing) ng property, owned and ont financing or receive lower the property are lower incontral extends amount all iple properties, may not except the properties, may not except the properties.	income housing tax of ome households whos llowed under Revenue ceed twenty million do	eredits, may qualify for the rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
f section 214(g)(1)(C). ECTION 1. IDENTIFICATION OF APPLICANT AN			e seeking exemption o	maer the provision
me of Organization			Corporate ID or LLC Number	
ddress of Property (number and street)				
ty, County, Zip Code			Assessor's Parcel/Assessment Number(s)	
ECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code proeporting the following information on the units occupie				
naximum rent that can be charged to the household, an is necessary. Report information for each unit that was Address/Unit Number			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 t any accompanying statements or c	CERTIFICA the laws of the State of Califo documents, is true, correct, a	ornia that the foregoing	and all information conta of my knowledge and b	nined herein, includir elief.
ME OF CLAIMANT TITLE			DATE	
	TURE OF CLAIMANT DAYTIME TELEPHONE			

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.

