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

Brett Frazier	
<b>Madera County As</b>	sessor
200 West 4th Street	

Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

This is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exemption (First F	iling)				
☐ BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)				
In the case of a claim, for low-income rental housing liability company, that does not receive government fix certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in sof section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND II	nancing or receive low e property are lower inc tal exemption amount a properties, may not ex Section 3 of form BOE-	-income housing tax of come households whose illowed under Revenue cceed twenty million do 267-L indicating you ar	credits, may qualify for se rent does not exceed and Taxation Code second bilars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
Name of Organization				Corporate ID or LLC Number	
Address of Property (number and street)					
City, County, Zip Code	Assessor's Parcel/			sessment Number(s)	
maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was rep  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 the any accompanying statements or doct	CERTIFICA laws of the State of Califuments, is true, correct, a	ornia that the foregoing	and all information conta	ined herein, including elief.	
NAME OF CLAIMANT	TIT	LE		DATE	
SIGNATURE OF CLAIMANT	DAYTIME TELEF	PHONE	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 <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.

