BOE-267-L2 (P1) REV 02 (05-19)

Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

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

This claim is	filed for fiscal year 20 20					
This is a Sup	plemental Affidavit filed with					
BOE-267, Claim for Welfare Exemption (First Filing)						
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability com certain limit by Section s a taxpayer, must compl of section 2	of a claim, for low-income rental housing pany, that does not receive government if 90 percent or more of the occupants of to 50053 of the Health and Safety Code. The twith respect to a single property or multipete this affidavit if you checked box C(3) in 14(g)(1)(C).	financing or the property a total exempti- de properties in Section 3 o	receive low are lower inc on amount a s, may not ex f form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Org		IDENTIFICA	TION OF PI	ROPERTT	Corporate ID or LLC I	Number
rtaine or org					Corporate ID or EEC I	Marriber
Address of P	roperty (number and street)					
City, County,	Zip Code					
an affidavit r income, the	.14 of the California Revenue and Taxation eporting the following information on the uni maximum rent that can be charged to the heets as necessary. Report information for ea Address/Unit Number	ts occupied be nousehold, an ich unit that w	y lower incor d the actual	ne households for which rent. Use the table belo	n exemption is claimed: w to provide the require	the actual household
		l .	CERTIFICA	ATION	1	
I certify (or declare) under penalty of perjury under th any accompanying statements or do	e laws of the ocuments, is to	rue, correct, a	and complete to the best	and all information conta t of my knowledge and b	nined herein, including relief.
NAME OF CLAIMANT			ТІТ	LE		DATE
SIGNATURE	OF CLAIMANT		DAYTIME TELEF	PHONE	EMAIL ADDRESS	1
	THIS DOCUMENT IS CONFI	DENTIAL A	ND IC NO	T CUD IECT TO D	IIBI IC DISCI OSII	DE



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 and county in which the property is located.

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.

