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

CALIFORNIA.

Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

This is a Sı	upplemental Affidavit filed with								
	BOE-267, Claim for Welfare Exemption (First Filing)								
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
liability co certain lim by Sectior a taxpayer must com	se of a claim, for low-income rental housing prompany, that does not receive government finit if 90 percent or more of the occupants of the not 50053 of the Health and Safety Code. The totar, with respect to a single property or multiple plete this affidavit if you checked box C(3) in S 214(g)(1)(C).	ancing o property Il exempt propertie	r receive l are lower ion amour s, may not	ow-income h income hous it allowed un exceed twer	ousing tax on the court of the	credi se rer and ollars	ts, may qualify for the does not exceed Taxation Code se to (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
SECTION	1. IDENTIFICATION OF APPLICANT AND ID	ENTIFIC	ATION OF	PROPERTY					
Name of O	ame of Organization						Corporate ID or LLC Number		
Address of	Property (number and street)								
City, Count	unty, Zip Code Assessor						sessor's Parcel/Ass	ssor's Parcel/Assessment Number(s)	
Section 25 reporting tl maximum	Qualified Households 59.14 of the Revenue and Taxation Code provides the following information on the units occupied by rent that can be charged to the household, and the ary. Report information for each unit that was repo	lower inc actual re	ome house ent. Use the	holds for which table below t	th exemption or provide the	is cla	aimed: the actual h	ousehold income, the	
	Address/Unit Number		No. of Persons in Household		Annual Household Income		Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certify	y (or declare) under penalty of perjury under the la any accompanying statements or docur	aws of the ments, is	CERTIFI State of Catrue, correct	alifornia that ti	ne foregoing a	and a	all information conta y knowledge and b	nined herein, including elief.	
NAME OF 0	E OF CLAIMANT TITLE					DATE			
SIGNATUR	RE OF CLAIMANT	DAYTIME TELEPHONE					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.

