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

# Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett P

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

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

This claim is filed for fiscal year 20 — 20					
This is a Supplemental Affidavit filed with					
BOE-267, Claim for Welfare Exemption (First Fili	ing)				
☐ BOE-267-A, Claim for Welfare Exemption (Annual	al Filing)				
In the case of a claim, for low-income rental housing p liability company, that does not receive government fin certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in S of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND ID	ancing or re- property are al exemption properties, m ection 3 of fo	ceive low-ir lower incor amount allor nay not excorm BOE-26	ncome housing tax of me households whos owed under Revenue sed twenty million do 7-L indicating you ar	credits, 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
Name of Organization	ENTIFICATION	ON OF PRO	PERIT	0 1 10 1101	
ille of Organization				Corporate ID or LLC Number	
Address of Property (number and street)					
City, County, Zip Code					
Section 259.14 of the California Revenue and Taxation Coan affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each  Address/Unit Number	occupied by lose sehold, and the	ower income the actual re reported in sersons in	households for which nt. Use the table belo	n exemption is claimed: w to provide the require	the actual household
I certify (or declare) under penalty of perjury under the la any accompanying statements or docur	aws of the Sta	ERTIFICAT	ION		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	te of Califor , correct, an	nia that the foregoing a d complete to the best	and all information conta of my knowledge and b	nined herein, including elief.
NAME OF CLAIMANT		te of Califord, correct, an	d complete to the best	and all information conta of my knowledge and b	nined herein, including elief.

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 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.

