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



# Don H. Gaekle **Stanislaus County Assessor**

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

rhis claim	is filed for fiscal year 20 — 20					
Γhis is a S	upplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOE-267-A, Claim for Welfare Exemption (A	Annual Filing)				
iability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing ompany, that does not receive government if if 90 percent or more of the occupants of n 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3) a 214(g)(1)(C).	t financing of the property total exempt ple properties	r receive low are lower inc ion amount a s, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for e 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
SECTION	1. IDENTIFICATION OF APPLICANT AND	D IDENTIFICA	ATION OF PE	ROPERTY		
Name of Organization					Corporate ID or LLC Number	
Address of	f Property (number and street)					
City, Coun	ty, Zip Code					
income, th	it reporting the following information on the under maximum rent that can be charged to the sheets as necessary. Report information for e  Address/Unit Number	household, areach unit that w	nd the actual i	rent. Use the table belo	w to provide the require	
			ousehold	Income	Rent That Can Be Charged for the Unit	Charged to the Tenant
l certif	y (or declare) under penalty of perjury under to any accompanying statements or d	he laws of the locuments, is t	CERTIFICA State of Califo true, correct, a	ornia that the foregoing	and all information conta of my knowledge and b	nined herein, including elief.
NAME OF CLAIMANT TITLE				LE	DATE	
SIGNATUI	RE OF CLAIMANT		DAYTIME TELEF	PHONE	EMAIL ADDRESS	I
	THIS DOCUMENT IS COME	IDENITIAL	AND IC NO	T OUD IFOT 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.

