This claim is filed for fiscal year 20 ____ - 20 ___

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

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

COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3770 Fax (510) 272-3803 www.acgov.org/assessor

DATE

EMAIL ADDRESS

This is a Supplemental Affidavit filed with				
BOE-267, Claim for Welfare Exemption (First Fig.	3,			
BOE-267-A, Claim for Welfare Exemption (Annu	ual Filing)			
In the case of a claim, for low-income rental housing liability company, that does not receive government fit certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tot 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).	nancing or receive low- e property are lower inc al exemption amount a properties, may not ex Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-L indicating you ar	credits, may qualify for se rent does not exceed to and Taxation Code section ollars (\$20,000,000) in as	exemption up to a he rent prescribed tion 214(g)(1)(C) to sessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND ID	DENTIFICATION OF PR	ROPERTY	10 / 10 / 10 / 10	
Name of Organization			Corporate ID or LLC Number	
Address of Property (number and street)				
City, County, Zip Code				
A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Coan affidavit reporting the following information on the units income, the maximum rent that can be charged to the hou additional sheets as necessary. Report information for each	occupied by lower inconusehold, and the actual i	ne households for which rent. Use the table belo	n exemption is claimed: the to provide the required	ne actual household
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
	CERTIFICA	TION		

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

DAYTIME TELEPHONE

TITLE



NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

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.

