This is a Supplemental Affidavit filed with

This claim is filed for fiscal year 20 — 20

BOE-267, Claim for Welfare Exemption (First Filing)

BOE-267-L2 (P1) REV 03 (05-21)

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

the case of a claim, for low-income rental housing pribility company, that does not receive government fina rtain limit if 90 percent or more of the occupants of the particles of 50053 of the Health and Safety Code. The total axpayer, with respect to a single property or multiple pust complete this affidavit if you checked box C(3) in Se section 214(g)(1)(C).	ancing or receive low- property are lower inco exemption amount al properties, may not exe	income housing tax come households whos lowed under Revenue ceed twenty million do	redits, may qualify for e e rent does not exceed the and Taxation Code secti ellars (\$20,000,000) in ass	exemption up to a ne rent prescribed ion 214(g)(1)(C) to sessed value. You
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ECTION 1. IDENTIFICATION OF APPLICANT AND IDE	ENTIFICATION OF PR	OPERTY		
me of Organization			Corporate ID or LLC Number	
dress of Property (number and street)				
ty, County, Zip Code			Assessor's Parcel/Assessment Number(s)	
porting the following information on the units occupied by leaximum rent that can be charged to the household, and the necessary. Report information for each unit that was reportant Number	actual rent. Use the tab	le below to provide the		·
	riousciiolu	moome	Charged for the Unit	the Tenant
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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, 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.

