This is a Supplemental Affidavit filed with

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

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

☐ BOE-267, Claim for Welfare Exemption (First F	iling)					
BOE-267-A, Claim for Welfare Exemption (Annual 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 total 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 of e property tal exempt e properties	r receive l are lower ion amour s, may not	ow-income housing tax income households who it allowed under Revenue exceed twenty million d	credits, may qualify fo se rent does not excee e and Taxation Code so ollars (\$20,000,000) in	or exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND ID	DENTIFICA	ATION OF	PROPERTY			
e of Organization				Corporate ID or LLC Number		
Address of Property (number and street)						
ounty, Zip Code				Assessor's Parcel/Assessment Number(s)		
SECTION 2. HOUSEHOLD INFORMATION						
A. List of Qualified Households						
Section 259.14 of the Revenue and Taxation Code provide reporting the following information on the units occupied by maximum rent that can be charged to the household, and the secessary. Report information for each unit that was rep	y lower inco ne actual re ported in Se	ome house ent. Use the ection 4, pa	holds for which exemption table below to provide the rt B of form BOE-267-L.	is claimed: the actual he required information. A	nousehold income, the ttach additional sheets	
Address/Unit Number		f Persons ousehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Charged to	
I certify (or declare) under penalty of perjury under the a	laws of the uments, is t	CERTIF	alifornia that the foregoing	and all information cont t of my knowledge and l	ained herein, including belief.	
AME OF CLAIMANT			TITLE	DATE		
SIGNATURE OF CLAIMANT		DAYTIME TE	LEPHONE	EMAIL ADDRESS	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.

