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

Γhis is a Sι	upplemental Affidavit filed with							
	BOE-267, Claim for Welfare Exemption (First Filing)							
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
iability co certain lim by Sectior a taxpayer nust com	te of a claim, for low-income rental housing ompany, that does not receive government fait if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple plete this affidavit if you checked box C(3) in 214(g)(1)(C).	financing one property otal exempte propertie	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	credit se rer e and ollars	ts, may qualify for nt does not exceed Taxation Code sec s (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You	
	1. IDENTIFICATION OF APPLICANT AND I	IDENTIFIC	ATION OF PE	ROPERTY	Со	rporate ID or LLC N	umber	
						Co.ps. a.c. 2		
\ddress of	Property (number and street)							
City, Count	Inty, Zip Code As					ssessor's Parcel/Assessment Number(s)		
	rent that can be charged to the household, and tary. Report information for each unit that was re Address/Unit Number	ported in Se			Max	ired information. Atta ximum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant	
I certify	y (or declare) under penalty of perjury under the	e laws of the	CERTIFICA State of Califo	ornia that the foregoing	and a	III information contain	ned herein, including	
NAME OF 0	any accompanying statements or doc CLAIMANT	true, correct, a	·	t ot m		DATE		
SIGNATUR	RE OF CLAIMANT		DAYTIME TELEPHONE			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.

